**Deadline for applications is 4 weeks before the opening date of the meeting you are planning to attend.**

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| --- | --- |
| **EAA Travel Grant 2024****Application form**  |  |
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|   |  |
|   |  |
| **Check List**  |  |
| I am a current member of ESE.  |  |
| I am not more than 10 years post-PHD.  |  |
| I reside in a country below high income country status, as classified by the [World Bank](http://data.worldbank.org/about/country-classifications/country-and-lending-groups#High_income).  |  |
| I attach proof of eligibility to this application form.  |  |
| I understand this grant is available for attendance to the annual ECE or an ESE training course and can be used for payment towards travel, accommodation or registration.  |  |

My attendance is not f

**This application must be completed electronically and submitted to the EAA Office (office@andrologyacademy.net). Please attach your short CV with publications (last 3 years only).**

**Applicant details**

Name of Applicant: **...........................................**

Department’s name and address: ................................................................................

.........................................................................................................................

Country of Residence: ...............................................

Date of birth *(priority for applicants below 45 years of age):*  .........................

Email: ........................................

**Membership**

□ Yes, I am a member of the EAA with all annual fees paid, since year: .............

□ I have paid EAA membership fees for 2024

**Details of EAA-accredited meeting to attend or EAA centre to visit *(if a visit to an EAA Centre, please attach a letter of acceptance from the host)*:**

Meeting /course name: ………………………………………………………

Place /EAA Centre: …………………………………………………….

Dates: …………………………………………

 **Approximate amount applied for (max € 500):**

□ € 350 □ € 500

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| --- |
| **Grant payment information** |

Payments to an institutional or personal bank account *(please fill up the information below)* will be made upon the presentation of the documentation of the costs (receipts). The awardee is personally responsible for all tax matters in his/her own country.

|  |  |
| --- | --- |
| Account holder’s name |  |
| Bank |  |
| IBAN(Internat. Bank Account No.)  |  |
| SWIFT/BIC code (bank identifier) |  |
| Bank sort code (if UK bank) |  |
| Other information (if needed) |  |