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**EFAS Congress Scholarships**

EFAS awards up to five congress scholarships of maximally €1000 EUR to qualified young scientists, who would like to participate with a scientific contribution in the EFAS congress.

**Chairperson**

Prof. Liat Kishon-Rabin, PhD

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**Treasurer**

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Phone +41 44 255 58 15

email: dorothe.veraguth@usz.ch

The written application including all supporting documents should be submitted to the EFAS Chairperson (Prof. Liat Kishon-Rabin) by email two months before the congress, and all applications will be reviewed by a committee to include the Vice-Chairperson of the EFAS Committee.

**Eligibility Criteria:**

* Young scientists or students in European University Education Program in Audiology and related areas (Bachelor/Master/PhD)
* Accepted oral or poster presentation in EFAS congress
* Applicants shall demonstrate need for financial assistance to attend the EFAS Congress (e.g., the applicant’s institution or organization does not offer reimbursement for travel or conference fees).
* Recipients will provide verifications in original at the EFAS Congress to support the total amount of the scholarship funds being reimbursed.
* Applicants must complete and submit the EFAS Scholarship Application Form with a current copy of their Curriculum Vitae.

**The application has to include:**

* A full CV
* A confirmed registration approval from the congress
* An abstract of the paper submission
* A budget and source finance plan for attending the EFAS congress
* Short statement why participation in the congress is important for the applicant’s scientific development.
* Supporting documents (academic certificates)
* Letter of reference (from the EFAS country's representative) or recommendation

**EFAS Scholarships**

* Conference registration fees will be waived for recipients of an EFAS scholarship.
* Scholarships shall be provided in the form of reimbursement for partial travel or accommodation costs.
* Notification shall be sent to scholarship applicants upon acceptance or rejection of their application.
* A copy of the notification must be included with the scholarship recipient’s conference registration form.
* If a recipient has already registered and paid the appropriate conference fees, those fees may be refunded.

**EFAS SCHOLARSHIP APPLICATION FORM**

1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

2. Ms □ Mr. □

Last name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date and place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Address for correspondence:

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5. Email for correspondence : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Telephone (work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (home): \_\_\_\_\_\_\_\_\_\_\_\_

7. Degree /diplomas

8. Present occupation and work position:

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9. Name and address of employer:

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10a. Have you attended an EFAS congress previously? (yes/no) If yes, year(s) of congress(es) attended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Did you submit an abstract at that occasion? If so, what was the title?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. What is the title of your submitted abstract for the upcoming EFAS congress?

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12. Describe why it is important to you to attend this congress?

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**The Scholarship award should be made payable to:**

□ Applicant □ Others (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bank Transfer details:**

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Bank Code (SWIFT/BIC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I verify that I meet all the stated criteria and am eligible for the EFAS Congress scholarship.*

*I understand that if I have misrepresented myself or provided any false information, I will forfeit any scholarship received and repay all scholarship funds received from EFAS*

Date:

Signature of Applicant:

Print Name:

Signature of Tutor:

Print Name:

Thank-you for completing the application full