## Joint SPARC Dynamics & Observations Workshop - QBOi, FISAPS & SATIO-TCS

October 9 (Mon) – 14 (Sat), 2017

## **Travel Grant Application Form**

- This application form is for partial travel support for the participation of early career scientists (post-graduates and researchers who received their highest degree in 2011 or later) and PhD students from developing countries.
- Send the completed application form by email to **sparc2017loc@kugi.kyoto-u.ac.jp** together with the online submission of your abstract at <a href="http://users.ox.ac.uk/~astr0092/JK\_Registration.html">http://users.ox.ac.uk/~astr0092/JK\_Registration.html</a>
- Application Deadline: June 25 (Fri), 2017

1. Personal Inf	formation			
Last (Family)	Name:			
First and mide	lle names:			
Age:	Gender:	<u>Nat</u>	ionality:	
	on: ( Please check one. er who received one's hig			tudent (PhD candidate) or a
□ Graduate s	tudent (PhD candidate)	)		
□ Post-gradu	ates and researchers wi	th master degree		
□ Post-gradu	ates and researchers wi	th doctor degree		
Title:				
Institution:				
Address of Ins	titution:			
City:		State/Pi	ovince:	
Postal code:		Country	/ <b>:</b>	
Telephone:		(	Please include count	ry and city codes.)
E-mail address	s:			
2. Academic Ir	<b>nformation</b> (Please star	rt from a bachelor	degree.)	
Name of Instituti	ion	Degree	Field	Completion Date

3. Working experience & Current occupation		
Name of Institution	Position	From — To
4. Application for a partial support for your tra	vel	
The maximum amount of your request should be 1	000 CHF (Swiss Franc) or	· less.
☐ Total amount of your expected travel exper	asesCI	<b>HF</b>
$\hfill\Box$ Total amount of support that you request	CI	<b>IF</b>
The requested amount should be less than the		-
(Swiss Franc exchange rate is about 1 CHF =	1.03 US Dollar, as of May	23, 2017)
5. Presentation title		
6. List of major publications	1 V	
Authors (all), Title, Journal, Vol., No., pp , Mont	n, rear	

7. Statement by the applicant's supervisor or senior colleague  (This section should be completed by the applicant's research supervisor or senior colleague. Ple comment on the applicant's academic or professional abilities.)	ease?
Name of person completing section 7:	
Position:	
Institution:	
Telephone: Fax:	
(Please include country and city codes for telephone & fax numbers.)	
E-mail address:	