**European Microwave Week: Grants Application Form**

Applicant Information: *(Please type or print clearly)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Date and Place of birth: |  | | |
| Address: |  | | |
| City: |  | State/Province: |  |
| ZIP/Postal Code: |  | Country: |  |
| Phone: |  | e-mail: |  |

Please note: You can apply for ONE type of Grant (Student or Travel Grant). Please make a choice:

🞎 **Student Grant**

Conference: 🞎 EuMC 🞎 EuMIC 🞎 EuRAD

🞎 **Travel Grant**

Conference: 🞎 EuMC 🞎 EuMIC 🞎 EuRAD

**Bank Information:**

Bank Name:

Bank Address:

Account holder:

IBAN:

BIC (SWIFT – code):

**By my signature below, I certify the information provided and in connection with this form is true, accurate and complete. I also understand that any false statements or deliberate omissions on this document or any other document will result in disqualification (Note, that this will result in a return of money if the Grant is already accepted)**

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Place and Date Applicants signature