



EFAS

European Federation of Audiology Societies

<http://www.efas.ws>

EFAS Congress Scholarship

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EFAS awards up to five congress scholarships of maximally 1000.00 EUR to qualified young scientists, who would like to participate with a scientific contribution in the EFAS congress.

The written application including all supporting documents should be submitted to the EFAS Scholarship Officer (Prof. J. Attias, attiasj@netvision.net.il) by email two months before the congress.

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:

5. Email for correspondence : _____

6. Telephone (work): _____ (home): _____

7. Fax (work): _____

8. Degree /diplomas

9. Present occupation and work position:

10. Name and address of employer:

11a. 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?

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

The Scholarship award should be made payable to:

Applicant Others (please specify)

Bank Transfer details:

Bank: _____

Branch: _____

Address: _____

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: