



# STUDENT TRAINING WORKSHOP GRANT APPLICATION FORM

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## Applicant Information

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Name

Department/School/Faculty

University/Institute

Street Address

City

Province

Country

Postal Code

Phone

Fax

E-mail

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CSB/SCB Student member since

Number of CSB/SCB conference travel  
grants received

Number of other CSB/SCB grants  
received

Level of study

## Supervisor Information

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Name

Title

Department/School/Faculty

University/Institute

Street Address

City

Province

Country

Postal Code

Phone

Fax

E-mail

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## Workshop Information

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Workshop

Location

Dates of Travel

Mode of Transportation (bus, train, air)

### Budget:

Workshop registration fees

Estimated transportation costs

Estimated accommodation costs

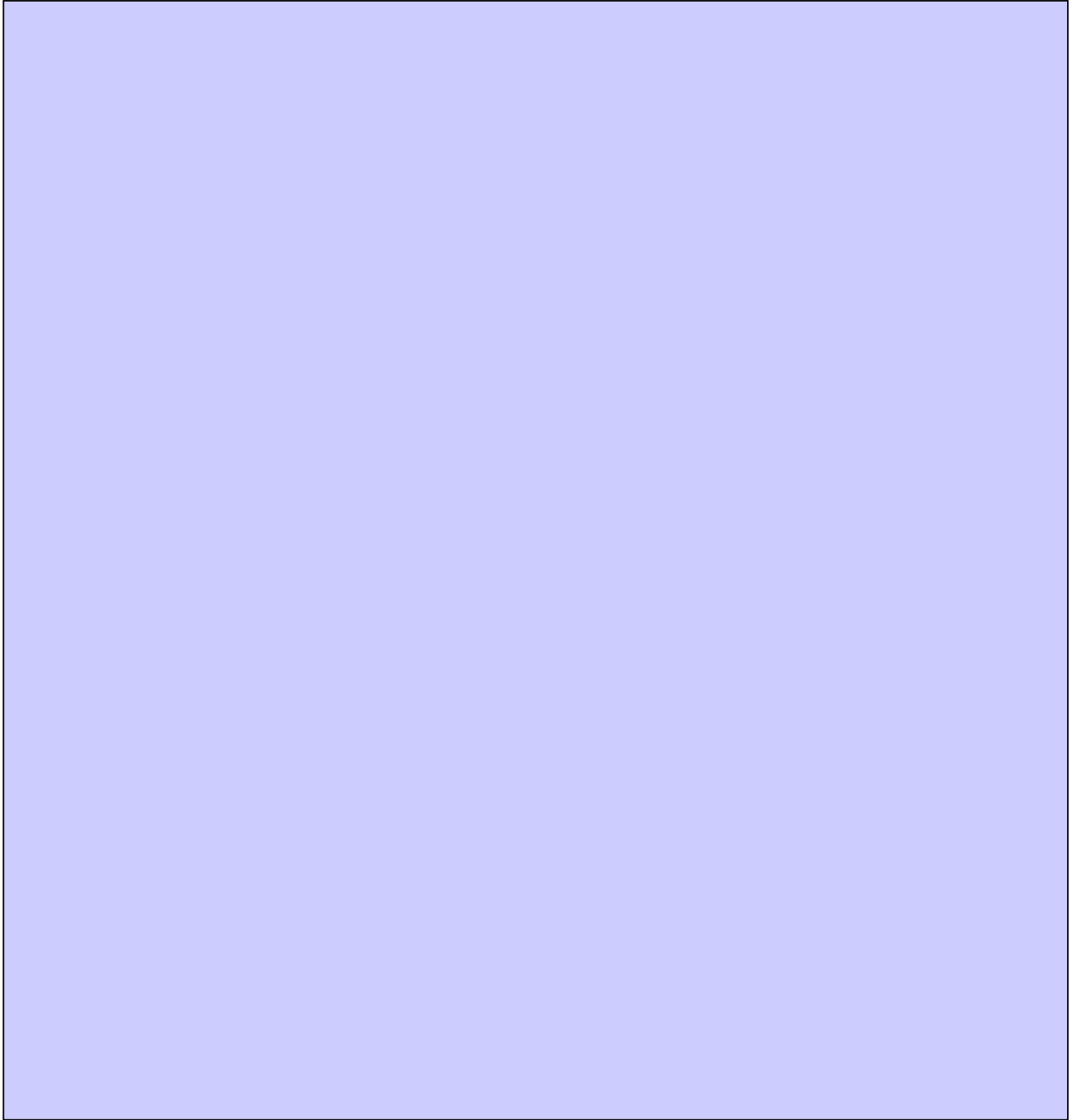
Estimated food cost

Other costs

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## Justification

Briefly explain the importance of this workshop for your research and professional goals.



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**Student Signature**

**Date**

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**Supervisor Signature**

**Date**

*By signing the application form, the supervisor certifies that he/she or his/her institution commits to fund the balance of the costs associated with the participation in the workshop*

In order to avoid your application being returned to you, please compile all documents pertaining to your application into a single PDF file, and use the filename convention below:

Year\_CSB\_WorkshopGrant\_SURNAME\_Name.pdf

Example:

2019\_CSB\_WorkshopGrant\_DAVINCI\_Leonardo.pdf