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GDCh-membership number:

Scholarsh.No.

**Gesellschaft Deutscher Chemiker e. V.  
Division of Electrochemistry**

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

University: \_\_\_\_\_

Institute: \_\_\_\_\_

Street: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Application for a partial scholarship for the participation in a scientific meeting

Date: \_\_\_\_\_

Name of the meeting: \_\_\_\_\_

Date of the meeting from: \_\_\_\_\_ to: \_\_\_\_\_ Location: \_\_\_\_\_ Country: \_\_\_\_\_

Registration Deadline: \_\_\_\_\_ Deadline for the submission of scientific contributions: \_\_\_\_\_

Active participation	Your present position:	Copy:	
with a lecture	Diploma-/Bachelor-/Master Thesis	of registration is enclosed	will be handed in later
with a poster	PhD Student half-site	of abstract is enclosed	will be handed in later
Other participation:	Postdoc	of acceptance is enclosed	will be handed in later
Is a:	Scholarship Holder	of confirmation of participation is enclosed	will be handed in later
GDCh meeting	Unemployed		
Internat. meeting organized by GDCh	Preparation time teaching		
Other German meeting	Others		
Meeting of another country			

**For meetings not organized by GDCh a certification of participation is required.**

Research Supervisor (Name): \_\_\_\_\_

Title of the Scientific Contribution: \_\_\_\_\_

I have received a scholarship from GDCh in the past: \_\_\_\_\_ Year: \_\_\_\_\_ Amount: \_\_\_\_\_

**In case of granting an allowance please transfer it to the following account:**

Account holder: \_\_\_\_\_

Name of the bank: \_\_\_\_\_ City of the bank: \_\_\_\_\_

Street: \_\_\_\_\_ Zip: \_\_\_\_\_

BIC / Swift Code: \_\_\_\_\_ IBAN Code: \_\_\_\_\_

Signature of the applicant \_\_\_\_\_

**Moderate costs for the event mentioned above:**

**Euro**

Registration fee: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Travel expenses: \_\_\_\_\_

**Total costs:** \_\_\_\_\_

**Please provide proof of the above mentioned expenses.**

Internal Notation: \_\_\_\_\_

Allowance Euro \_\_\_\_\_

Please fill in the application form completely