

# ECP Scholarship Application form

Name

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Birth date (dd/mm/yyyy)

Gender

|                          |        |                          |      |                          |            |
|--------------------------|--------|--------------------------|------|--------------------------|------------|
| <input type="checkbox"/> | Female | <input type="checkbox"/> | Male | <input type="checkbox"/> | Non-binary |
|--------------------------|--------|--------------------------|------|--------------------------|------------|

Email

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Phone number

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Affiliation

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Country of citizenship

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Country of residence

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Indicate whether you were awarded a scholarship in previous editions of the ECP

|                          |                     |                          |                      |
|--------------------------|---------------------|--------------------------|----------------------|
| <input type="checkbox"/> | ECP19 (Zadar, 2018) | <input type="checkbox"/> | ECP20 (Madrid, 2022) |
|--------------------------|---------------------|--------------------------|----------------------|

**The following section should be filled in only by participants who wish to apply for a reserved scholarship (e.g., from LIE, LMIE, UMIE, see the call).**

Briefly explain why you are eligible.

Do you have funding sources to cover for travel/accommodation expenses beyond €250?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
|--------------------------|-----|--------------------------|----|

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If you answered no to the previous question, are you interested in additional financial assistance from the EAPP (up to €750)?

|  |     |  |    |
|--|-----|--|----|
|  | yes |  | no |
|--|-----|--|----|

**Fill in all information that applies to your bank. This information will be shared only with the EAPP treasurer, in case you are awarded the scholarship.**

Name of the bank account holder, as it appears in bank documents.

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IBAN

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BIC/SWIFT

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Account Number

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Routing/ABA number (mandatory for US banks)

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Bank Name

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Bank Address

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Any other information that you deem useful for transferring money to your account

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*With my signature, I confirm that I have provided all information truthfully and that I will hand in (scans of) receipts, documents etc. that certify my attendance or pertain to my reimbursement. I understand that the scholarship and reimbursements can only be issued if I agree to the terms with my signature and provide necessary documentation.*

Location, Date

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Signature (digital, e.g., with Adobe PDF)

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