**J-Travel Grant Application Form**

1. **Personal Particulars**

|  |  |
| --- | --- |
| **Prefix**  | □ Mr. □ Mrs. □ Ms. □ Dr. |
| （Name as printed on passport） |
| **Name in English** | (surname) |  (given name) |
| **Date of Birth** |  |
| **Telephone** **(+Area code)**  |  | **Nationality** |  |
| **Email** |  |

1. **Professional Affiliations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** |  | **City** |  |
| **Position**  |  | **Since** |  |

|  |
| --- |
| Your current responsibilities and professional activities |

1. **Academic Background and Achievements**

|  |
| --- |
| Significant publications and/or research projects (list no more than 5 examples) |

1. **Language Proficiency**

First Language: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your language proficiency from “Fair”, “Good” to “Excellent”.

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Speaking** | **Understanding** | **Writing** |
| English |  |  |  |

1. **Personal Statement**

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| --- |
| Please describe in no more than 250 words your objectives in attending the symposium, the relevance of the event theme to your work, the topic and abstract of your keynote speech/poster. |

1. **Other Information**

|  |  |
| --- | --- |
| Are you a member of IASSRT? | □ Yes □ No  |
| Category of your membership, if applicable: |
|  □ Individual member  |
|  □ Institutional member  |

|  |
| --- |
| Please provide an indication of the estimated costs of the roundtrip airfare, from the nearby international airport to Trento. |
| Departure City |  | Estimates ($) |  |

1. **Declaration**

I declare that all the information given in this application is true, correct and complete to the best of my knowledge. I hereby authorize the information provided in this application to be reproduced and distributed to the host, and in the event I get selected for the Grant, that such information will continue to be used for the purposes related to the Grant.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |