IPSF Development Fund 2017-18

World Congress Event Grant Application

# Please read the entire call carefully before completing the application form.

Every section of this application form must be completed in order to be valid. An application will only be considered if sections A, B, C, D, E, and F have been completed, the application electronically signed, and all relevant documents sent in.

Please email the completed application to the Development Fund Coordinator (df@ipsf.org) a word document or PDF by **April 3rd, 2019 at 11:59 PM GMT+0**. **When sending your application, please rename the file to specify the World Congress Event Grant and your name: “World Congress Event Grant – Insert Name”.**

# **SECTION A.**

# **Applicant Details**

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| **Personal Details** |
| Full Name  | (Mr / Ms / Mrs) |  |
| Date of Birth |  |
| Address |  |
| Country |  |
| National Association  |  |
| Email |  |
| **Passport and Visa Information** |
| Current Passport Number |  |
|  | Valid until: |  |
| Visa requirements |  |
| **Study Details** |
| Name of School of Pharmacy  |  |
| Degree to be received  |  |
| Current total length of study |  |
| Expected total length of study |  |
| Expected graduation date |  |

1. Have you previously attended an IPSF event before? ☐Yes ☐No
2. Have you previously attended IPSF World Congress? ☐Yes ☐No

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| **IPSF Involvement**Briefly describe or list your involvement in your national association and/or in IPSF (Max: 400 words).  |
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| Word Count |  |

# **SECTION B.**

# **Financial Details**

**Please make sure to attach the relevant documents regarding your financial status in English and in PDF format, titled as Appendix A:**

1. Proof of income, such as a pay check or statement with the amount of money received per month or per year, if applicable
2. Proof of received scholarships, grants, or loans stating the amount of money received per month or per year, if applicable

**If documents cannot be provided in English, they must be verified by your school’s Dean or Professor to be considered valid.**

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| **Your National Currency** |  |
| **Exchange Rate on 1 Euro (€)** |  |
| **Exchange Rate on 1 Euro (€) by Treasurer** | [To be completed by Treasurer] |

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| **Monthly Income** |
| **Income Type** | **National Currency** | **Euro (€)** |
| **Applicant’s Income** |  |  |
| **Scholarship or Grant Money** |  |  |
| **Sponsorship for Exchange** |  |  |
| **Loans**Please specify student or other |  |  |
|  | From university, as deducted from tuition fees |  |  |
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| **Family allowance**Money from family for expenses |  |  |
| **Other sources of income**Please specify: |  |  |
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| **TOTAL** |  |  |

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| **Monthly Expenditures** |
| **Income Type** | **National Currency** | **Euro (€)** |
| **Tuition** |  |  |
| **Rent or housing** |  |  |
| **Electricity, gas, water** |  |  |
| **Phone and internet** |  |  |
| **Food and groceries** |  |  |
| **Books, stationary, school supplies** |  |  |
| **Clothing, shoes, personal hygiene** |  |  |
| **Other sources of expenditure**Please specify: |  |  |
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| **TOTAL** |  |  |

Note: Living expenses are considered as necessary costs for living that are paid by the applicant personally. For example, food, accommodation, electricity fees, and study costs, but not unnecessary costs like holidays.

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| **Financial Background** |
| **Total Family Income** | **National Currency** |  | **Euro (€)** |  |
| **Sources of Family Income** Eg. Father, mother, siblings, investments, assets |  |  |
| **No. of Dependents in Household**How many family members depend on your parents’ income |  |  |

Please complete the table below detailing your estimated travel route and the corresponding costs. Please note that only one row will need to be completed for a direct travel option. For a travel plan which involves multiple modes of transportation, each leg of the journey should be listed on a separate row. For example: Row 1: Flight Amsterdam, The Netherland to Cairo, Egypt; Row 2: Bus Cairo, Egypt to Hurghada, Egypt, and so on.

**Please make sure to attach the source of information for the expected travel expenses listed below in English and in PDF format, titled as Appendix B.**

|  |
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| **Travel Plans Expenses** |
| **Destination**Each leg of the journey on a separate row | **Estimated Cost in National Currency** | **Estimated Cost in Euro (€)**Including return travel | **Route and Means of Transportation** | **Source of Information**Website, travel agency, etc.  |
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|  | **National Currency** | **Euro (€)** |
| **Estimated visa expenses** |  |  |

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| **Sponsorship Details**State the names of any bodies in your country which you have already contacted for sponsorship, when you contacted them, and the results of the request(s). If no sponsors were contacted, please explain why. |
| **Sponsor Name** | **Date of Contact** | **Response Received and Date of Response** | **Sponsorship Value (Euros)** |
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# **SECTION C.**

# **Motivation Letter**

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| **Detail your reasons below for applying for the grant (Max: 500 words).** Please discuss the following:* What are your reasons for participating in the 65th IPSF World Congress?
* What do you hope to gain through participating in the 65th IPSF World Congress?

Applicants should include any additional information that may be relevant. As this section is seriously considered during the selection process, applicants are reminded of the importance of stating clear and realistic reasons for participating in the 65th IPSF World Congress, with a focus on the personal, national, and international impact this experience can have. |
|  |
| Word Count |  |

# **SECTION D.**

# **Letter of Support**

A letter of support, signed or stamped, from the Dean or Professor at which the applicant is studying must be attached as a separate electronic PDF document. If the applicant is a recent graduate, a support letter may instead be obtained from an employer.

# **SECTION E.**

# **Student Association Details**

**This section is to be completed by your association’s Contact Person (CP).**

Please note: If you wish to keep your application and financial information private, we recommend you send your CP a blank copy of this application first so they can complete this section. You can then proceed to complete the rest of the application once they have returned it to you.

1. Is the applicant a member of your association? ☐Yes ☐No
2. Is the applicant an official delegate? ☐Yes ☐No
3. Are any other persons (students, graduates, others) from your *association* attending World Congress? ☐Yes ☐No
4. Are any other persons (students, graduates, others) from your *country* attending World Congress? ☐Yes ☐No

**ASSOCIATION’S CONTACT PERSON**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Name of Association |  |
| Date |  |
| Email  |  |

# **SECTION F.**

# **Signatures**

**By signing this application, you declare that:**

1. **The information stated above is to the best of my knowledge, complete and accurate;**
2. **In the event of any changes in the information stated above, I will notify the Development Fund Coordinator (****df@ipsf.org)** **without delay in order to prevent the potential withdrawal of the grant (if the application is successful);**
3. **I have fully read and agree to comply with all the above conditions and guidelines.**

**APPLICANT**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Date |  |
| Email  |  |