



# European Federation of Audiology Societies

<http://www.efas.ws>

## EFAS Congress Scholarships

EFAS awards up to five congress scholarships of maximally €1000 EUR to qualified young scientists, who would like to participate with a scientific contribution in the EFAS congress.

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The written application including all supporting documents should be submitted to the EFAS Scholarship Officer (Prof. J. Attias, [attiasj@netvision.net.il](mailto:attiasj@netvision.net.il)) by email two months before the congress, and all applications will be reviewed by a committee to include the Vice-Chairperson of the EFAS Committee.

### **Eligibility Criteria:**

- ✓ Young scientists or students in European University Education Program in Audiology and related areas (Bachelor/Master/PhD)
- ✓ Accepted oral or poster presentation in EFAS congress
- ✓ Applicants shall demonstrate need for financial assistance to attend the EFAS Congress (e.g., the applicant's institution or organization does not offer reimbursement for travel or conference fees).
- ✓ Recipients will provide verifications in original at the EFAS Congress to support the total amount of the scholarship funds being reimbursed.
- ✓ Applicants must complete and submit the EFAS Scholarship Application Form with a current copy of their Curriculum Vitae.

### **The application has to include:**

- ✓ A full CV
- ✓ A confirmed registration approval from the congress
- ✓ An abstract of the paper submission
- ✓ A budget and source finance plan for attending the EFAS congress
- ✓ Short statement why participation in the congress is important for the applicant's scientific development.
- ✓ Supporting documents (academic certificates)
- ✓ Letter of reference (from the EFAS country's representative) or recommendation

### **EFAS Scholarships**

- ✓ Conference registration fees will be waived for recipients of an EFAS scholarship.
- ✓ Scholarships shall be provided in the form of reimbursement for partial travel or accommodation costs.
- ✓ Notification shall be sent to scholarship applicants upon acceptance or rejection of their application.
- ✓ A copy of the notification must be included with the scholarship recipient's conference registration form.
- ✓ If a recipient has already registered and paid the appropriate conference fees, those fees may be refunded.

**EFAS SCHOLARSHIP APPLICATION FORM**

1. Date: \_\_\_\_\_

2. Ms   Mr.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

3. Date and place of birth: \_\_\_\_\_

4. Address for correspondence:

\_\_\_\_\_  
\_\_\_\_\_

5. Email for correspondence : \_\_\_\_\_

6. Telephone (work): \_\_\_\_\_ (home): \_\_\_\_\_

7. Fax (work): \_\_\_\_\_

8. Degree /diplomas

9. Present occupation and work position:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Name and address of employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11a. Have you attended an EFAS congress previously? (yes/no) If yes, year(s) of congress(es) attended:

\_\_\_\_\_

b. Did you submit an abstract at that occasion? If so, what was the title?

\_\_\_\_\_

11. What is the title of your submitted abstract for the upcoming EFAS congress?

\_\_\_\_\_

\_\_\_\_\_

12. Describe why it is important to you to attend this congress?

\_\_\_\_\_

\_\_\_\_\_

## EFAS - European Federation of Audiology Societies

**The Scholarship award should be made payable to:**

Applicant  Others (please specify)

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**Bank Transfer details:**

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Address: \_\_\_\_\_

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Bank Code (SWIFT/BIC): \_\_\_\_\_

Account Number (IBAN): \_\_\_\_\_

Account Name : \_\_\_\_\_

*I verify that I meet all the stated criteria and am eligible for the EFAS Congress scholarship.*

*I understand that if I have misrepresented myself or provided any false information, I will forfeit any scholarship received and repay all scholarship funds received from EFAS*

Date:

Signature of Applicant:

Print Name:

Signature of Tutor:

Print Name:

Thank-you for completing the application fully.