**CAS-TWAS Center of Excellence on Space Technology for Disaster Mitigation**

**International Travel Grant Award Program Application**

**PLEASE REPLY TO ALL QUESTIONS**

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| **Personal Information** | | | | |
| Title: |  | | | |
| First Names: | Middle Initial: | | | Surname: |
| M /F: | Date of Birth (dd/mm/yyyy): | | | Nationality: |
| Passport Country of Issue: | | | Passport Number: | |
| Mailing Address: | | | | |
| City: | | State: | | |
| Postal Code: | | Country: | | |
| Work Telephone Number: | | Home Telephone Number: | | |
| Fax Number: | | Email Address: | | |

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| **Current status** | |
| Institution |  |
| Position |  |
| Years in present position |  |
| Research/ study specialty |  |

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| **Information** | |
| Title (for example, Ms., Mrs., Mr., Dr., Prof.) |  |
| Have you submitted a paper? | Yes ❒ No ❒ |
| If yes, Title of Paper: | |
| Have you ever received an STDM Travel Grant? | Yes ❒ No ❒ |
| If yes, award year: U.S. Dollar Amount: | |
| Do you have any other means of support to attend the STDM conference? | Yes ❒ No ❒ |
| If yes, please explain and list source and amount (Having some other source of funds to go towards cost is helpful): | |

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| **Conference Details** | |
| What is the name of the conference you wish to attend? Please do not use short forms or abbreviations. |  |
| Where is the conference going to be held? Please mention the city and country. |  |
| When is the conference going to be held? |  |

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| **Financial Support Categories** | |
| Select the minimum level of support needed to attend the conference. | ❒ Conference Registration  ❒ Airfare  ❒ Hotel Accommodations |

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| **Your Presentation** | |
| Title |  |
| Please give the summary of your presentation. Do not paste your entire abstract of paper. |  |
| Please outline the reasons why you need support, explaining how you will use this opportunity to create impact in your country or region, up to 300 words. |  |
| If you receive the grant, are there likely to be any difficulties in your attending the conference? (For example, visa issues, obtaining permission or leave from your  institution) |  |

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| **Others** | |
| How did you find out about the STDM International Travel Grant Award Program? | ❒ Direct mailing to institution  ❒ TWAS website  ❒ STDM website  ❒ Word of mouth/email from colleagues  ❒ Other (please specify) |

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| **Signatures** |
| Signature of applicant |

\*If you want to supply a reference, please send the reference by email directly to the STDM Secretariat at [stdm@ceode.ac.cn](mailto:stdm@ceode.ac.cn).

\*When submitting your International Travel Grant Award Program Application or questions via email, please include STDM Travel Grant in the subject line.

\*The applicant will be required to **attach your curriculum vitae** together with the travel grant application form. Incomplete application will not be considered.

\*Please make sure that you check your email regularly during this time. If you are selected as a grant recipient, you will need to accept the grant within a few days of the notification.

Submit this application to:

The CoE STDM Secretariat,

Attention: STDM Travel Grant

No.9 Dengzhuang South Road, Room A712

Haidian District, Beijing 100094, P.R. China

Fax: 86-10-82178959

Email to [stdm@ceode.ac.cn](mailto:stdm@ceode.ac.cn)