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GDCh-membership number \*:

Scholarsh.No.

\*GDCh membership is no prerequisite for travel-grant application

**Gesellschaft Deutscher Chemiker e. V.  
Division of Analytical Chemistry  
Working Party Separation Science  
Dr. Martin Vogel**

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

University: \_\_\_\_\_

Institute: \_\_\_\_\_

Street: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Application for a partial scholarship for the participation in a scientific meeting

Date: \_\_\_\_\_

Name of the meeting: \_\_\_\_\_

Date of the meeting from: \_\_\_\_\_ to: \_\_\_\_\_ Location: \_\_\_\_\_ Country: \_\_\_\_\_

Registration Deadline: \_\_\_\_\_ Deadline for the submission of scientific contributions: \_\_\_\_\_

Active participation with a lecture with a poster Other participation: _____	Your present position: Diploma-/Bachelor-/Master Thesis PhD Student half-site Postdoc Scholarship Holder Unemployed Preparation time teaching Others	Copy: of registration is enclosed of abstract is enclosed of acceptance is enclosed of confirmation of participation is enclosed	will be handed in later will be handed in later will be handed in later will be handed in later
Is a: GDCh meeting Internat. meeting organized by GDCh Other German meeting Meeting of another country		<b>For meetings not organized by GDCh a certification of participation is required.</b>	

Research Supervisor (Name): \_\_\_\_\_

Title of the Scientific Contribution: \_\_\_\_\_

I have received a scholarship from GDCh in the past: \_\_\_\_\_ Year: \_\_\_\_\_ Amount: \_\_\_\_\_

**In case of granting an allowance please transfer it to the following account:**

<b>Account holder:</b> _____	
<b>Name of the bank:</b> _____	<b>City of the bank:</b> _____
<b>Street:</b> _____	<b>Zip:</b> _____
<b>BIC / Swift Code:</b> _____	<b>IBAN Code:</b> _____
<b>Signature of the applicant</b> _____	

**Moderate costs for the event mentioned above:**

**Euro**

Registration fee: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Travel expenses: \_\_\_\_\_

**Total costs:** \_\_\_\_\_

**Please provide proof of the above mentioned expenses.**

Internal Notation: \_\_\_\_\_

Allowance  
Euro

Please fill in the application form completely