



**International Astronomical Union**  
Union Astronomique Internationale

# GRANT APPLICATION FORM

*This Form should be submitted to the Chairperson of the Scientific  
Organising Committee by the specified deadline*

## **APPLICANT:**

Family Name: .....

First Name: ..... Middle Name: .....

Gender: ..... Year of Birth: .....

Academic situation (check the one that most closely applies to you):

☐ undergraduate student

☐ master student

☐ PhD student

☐ Postdoctoral Fellow

☐ Professor

☐ Staff/Researcher at a national lab or astronomical observatory

☐ Other (specify: .....)

Citizenship: .....

Institute of Work: .....

Country of Work: ..... City of Work: .....

Address: .....

.....

E-mail Address: ..... Phone: .....

## **MEETING:**

Meeting Title: ..... Meeting Number: .....

Location (city, country): .....

Dates of Meeting: .....

**PRESENTATION:**

**Nature of contribution to the meeting:** .....  
(e.g. review talk, thesis presentation, poster, etc.)

**Title of presentation:** .....

**Amount of IAU support (in EUR) requested:** .....

**Comments:** .....

*Signature of applicant:*

*Date and place:* .....

*For Ph.D students, name of thesis Director/Supervisor:* .....

*Signature of thesis Director/Supervisor:*

*Institution:* .....