



FINANCIAL ASSISTANCE FOR OVERSEAS TRAVEL

Apply by: 31st October odd years

Financial Assistance for Overseas Travel Application Form

MR/MRS/MISS/MS/DR

SURNAME: _____ FIRST NAMES: _____

HOME ADDRESS: _____ STATE: _____

COUNTRY: _____ POST CODE: _____ PHONE: () _____

FAX: () _____ E-MAIL: _____

Use correct upper and lower case for e-mail

CURRICULUM VITAE (please include with your application a comprehensive C.V.)

DETAILS OF PROJECT

AIMS: _____

OBJECTIVES: _____

DESCRIPTION OF PROJECT: _____

PROPOSED ITINERARY: _____

ANTICIPATED COSTS (itemised): _____

DISSEMINATION OF INFORMATION OF PROJECT: _____

FINANCIAL ASSISTANCE

Have you applied for financial assistance for travel from another source? If yes, please state source and amount of assistance expected / granted.

DECLARATION

I declare that to the best of my knowledge the information supplied herein is correct and complete

Signature of Applicant _____ **Date:** _____

Please return this application with supporting documentation as requested within the guidelines by 31st October (odd years) to the secretary of the executive committee of the AASTN.

Office use only

Full financial member

Curriculum vitae

Has grant been given before

Yes / No Completed application form

Yes / No Letters of endorsement attached

Yes / No If yes, date granted.....date application received.....

Yes / No

Yes / No