**IPPW-2019 STUDENT SCHOLARSHIP REQUEST FORM**

**For EU and non-EU/non-U.S. Students**

Students should submit a recommendation letter signed by their advisor(s) along with their scholarship application package. Please complete and send an electronic version (PDF only) of the entire scholarship application package to the address indicated on the IPPW website.

The email subject line should read: IPPW Student Scholarship Last Name.

This document contains 3 sections; please make sure to fill all of them.

1. **STUDENT INFORMATION**

|  |  |
| --- | --- |
| First Name: |  |
| Last Name: |  |
| Place of Birth: |  | All permanent residence permits : |  |
| Citizenship(s): |  |
| University: |  |
| University Address: |  |
| University Email: |  |
| Major Discipline: |  |
| Degree Program: |  |
| Position (specify Full or Part Time Student): |  |
| How many previous IPPWs did you already attend (name location(s)): |  |
| Planned Workshop Contribution (specify paper, poster, or attendee): |  |
| Abstract Title: |  |
| Lead (Principal) Author: |  | Co-Authors: |  |
| Student’s Mailing Address (including country): |  |
| Telephone: |  | Fax: |  |
| Lead (Principal) Author Email: |  |
| Which author will do the presentation: |  |

1. **STUDENT MOTIVATION:**

In a couple of sentences (3-5) please give a short but clear motivational statement why you think you should be selected as one of the scholarship recipients:

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|  |

1. **SUPERVISOR (ADVISOR) INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name: |  | Affiliation: |  |
| Supervisor Telephone: |  | Supervisor Email: |  |