



E-Mail: martin.vogel@uni-muenster.de

GDCh-membership  
not mandatory: \_\_\_\_\_

Scholarsh.No.

**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: \_\_\_\_\_

Is a:

GDCh meeting

Internat. meeting organized by GDCh

Other German meeting

Meeting of another country

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

**For meetings not organized by GDCh a certification of participation is required.**

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:**

Account holder: \_\_\_\_\_

Name of the bank: \_\_\_\_\_

City of the bank: \_\_\_\_\_

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

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

BIC / Swift Code: \_\_\_\_\_

IBAN \_\_\_\_\_

Signature of the applicant \_\_\_\_\_

**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