



IBRA Scholarship Program Application

For IBRA
use only

Project No. _____

Date received _____

Program A Partial financing of participation in international congresses

This application form is prepared as a fill-in document. Please type directly on this PDF file.

Note: The full version of Adobe Acrobat version 5 or higher is required to save your input.

Only electronically filled out application forms in english language will be accepted. No handwritten responses will be accepted.

Personal Data

Titel		_____
Family name		_____
First name		_____
Date of birth		_____
Gender		<input type="radio"/> female <input type="radio"/> male
Nationality		_____

Private Address

Street		_____
City / Postal Code		_____
State		_____
Country		_____
Phone		_____
Fax		_____
Email		_____

Academic Qualifications

Current academic and professional position		_____
Resident in Training		<input type="radio"/> yes <input type="radio"/> no
In PhD Program		<input type="radio"/> yes <input type="radio"/> no

Office Address

Department		_____
University		_____
Head of Department		_____
Street		_____
Country		_____
State		_____
City / Postal Code		_____
Phone		_____
Fax		_____
Email		_____

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Congress Information

Topic	
Organization Committee	
Place and Date	
Country	
Congress Phone	
Congress Fax	
Official website of the congress	
Title of own presentation (abstract)	

I hereby certify that the content of all statements concerning this application, including abstract, are true.
I agree with my signature to accept the conditions that are prerequisite to obtaining scholarship support from the IBRA Foundation.

Signature	Date	Place
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Please send the completed and signed application by mail to:

IBRA Administration Office
Education / Scholarship
Hochbergerstrasse 60E
CH-4057 Basel
Switzerland

For assistance or additional information please feel free to contact us at:

info@ibra.ch