**Activity Information:**

|  |  |
| --- | --- |
| **Title** |  |
| **Location & Organiser**  |  |
| **Dates** |  |
| **Activity Website**  |  |

**Estimate of participation costs:**

|  |  |  |
| --- | --- | --- |
| ***Amount covered by*** | ***Fellowship*** | ***Participant, host institution or other source*** |
| **Registration/participation fee** |  |  |
| **Travel and subsistence** |  |  |
| **Other** |  |  |
| **Total** |  |  |
| **Budget requested\*** |  |  |

**Endorsement of Fellowship application from the official EuroMarine Member Organisation representative or substitute in your organisation:**

 (Name), (Position)

 (Signature)

**Signature of Applicant:**

I, (Name), the undersigned, hereby acknowledge to abide by the conditions of the EuroMarine Young Scientist Fellowship Programme 2024 to participate in the above-mentioned activity. I have been accepted/have submitted/will submit an application to participate and understand I must submit full evidence of costs in order to receive the reimbursement.

 (Signature) (Date)