**EuroEAP Society**

**EuroEAP Scientific Mission Grant (SMG)**

**APPLICATION FORM**

Fill in this form electronically (not manually). Use the following format: Times New Roman, 11pt.

**APPLICANT**

**First name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: this should be the same address that you use to log in the EuroEAP Personal Area.*

**International phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place/town of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_

**Country of residence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EuroEAP Society Membership:**

While submitting this application, I confirm that I currently have a subscription to the EuroEAP Society, whose status is ‘confirmed’ (\*). I am aware that the Society membership is a requirement to be eligible for an SMG grant and I am aware that any subscription with ‘pending’ status will not make me eligible for a SMG grant.

(\*) *The status of your membership for the current calendar year can be checked from your EuroEAP Personal Area (within the section ‘Society’).*

**HOST INSTITUTION**

**Name of the host institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place and country of the host institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First name of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last name of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address of the host institution contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE MISSION**

**Planned start date (indicative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Planned end date (indicative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Note:*

* ***We strongly encourage SMGs that EXCEED 1 week, ideally at least 2-3 weeks.***
* *The mission should necessarily be completed by the end of the calendar year that follows the year during which the SMG application is submitted.*

**Title of the mission:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CURRICULUM VITAE *(maximum 1 page)***

*Note: present here a short version of your CV including:*

*-Date of birth;*

*-Number of years since obtaining the PhD Degree, if applicable;*

*-Current occupation/position;*

*-Selection of key scientific publications (up to 5), if applicable.*

**WORK PLAN** ***(maximum 2 pages)***

***IMPORTANT:***

* *Describe here the motivation of the SMG* and the *work plan.*
* *The decision whether the SMG will be granted is based on referee reports evaluating the scientific quality of the application. Please address all questions raised in the guidelines below. Only the best rated proposals that have passed the threshold scoring are funded.*
* *Guidelines: Please address all the following questions:*

*-What are you planning to do?*

*-How is it done today (state of the art) and what are the limitations/challenges of the current approaches?*

*-What is new in your SMG and why do you think it will be successful?*

*-Why do you need to visit the host institution?*

*-What is your work plan?*

*-What scientific impact will it have on the EAP field?*

*-What are the challenges and how are you planning to take it further?*

***NOTE: Topics that are unlikely to be funded include meetings with researchers/companies to have “generic” discussions, to write joint publications or to write/discuss project proposals.***

**EVALUATION**

*The evaluation is based on up to* ***3 referee reports****, rating the proposals on how well are the above mentioned points addressed and the respective* ***scientific quality****, the* ***training benefit*** *(why it is necessary to visit the host institution) and the* ***expected impact for the EAP field***. *Applicants will receive feedback to allow improving the proposal for resubmission.*

**ESTIMATED GRANT AND JUSTIFICATION *(maximum 1 page)***

*Note: fill in the following table, in all its parts.*

|  |  |  |
| --- | --- | --- |
| **Expected expenses** | **Details** | **Estimated amount in Euros** |
| **ACCOMMODATION** *(add or delete rows, as necessary)* | | |
| Accommodation |  |  |
| **MEALS** *(add or delete rows, as necessary)* | | |
| Meals | Flat rate, no receipt required | 25.00 |
| Etc. |  |  |
| **TRAVELS** *(add or delete rows, as necessary)* | | |
| Plane |  |  |
| Train |  |  |
| Bus |  |  |
| Metro |  |  |
| Taxi |  |  |
| Car (fixed rate: 0.2 €/km)  (NON-eligible costs: fuel, insurance) |  |  |
| Motorway fees |  |  |
| Car rental |  |  |
| Car parking |  |  |
|  | **TOTAL REQUESTED AMOUNT (\*):** |  |

(\*) *Note: the maximum granted amount will not exceed the limit specified for each available grant in the call for SMG applications.*

**ADDITIONAL FINANCIAL SOURCES FOR THE SCIENTIFIC MISSION**

***IMPORTANT:***

* *The SMG can possibly not cover all costs, so applicants are encouraged to seek for additional financial support for the mission.*
* *The maximum reimbursable amount for meals per day is 25.00 Euros (no receipts necessary).*
* *Please clearly state if you have received or intend to apply for extra funding from another source for the planned visit.*

**SUBMSSION**

*Note: attach to this form the expression of intention from the host institution (see the SMG rules on the website) and then submit everything as a single joint PDF file by email to* [smg@euroeap.eu](mailto:smg@euroeap.eu)