

**European Microwave Week: Request for Grants**Applicant Name and date of birth (*Please type or print clearly as shown on passport*):

Applicant Nan	ic and date c	on birtin (7 70asc	type or print	cicarry as snow	n on pe	133port).	
Title		First na	ame	Middle name		Last name	
		Dat	te of birth:				
Email:				Phone:			
Curriculum Vitae					□a	attached (required)	
Copy of passport						attached (required)	
Applicant Add	ress: 🗆 Co	mpany 🗆	University	√ □Researd	ch Inst	itute □Government	
Institution:							
Street:							
City:					e:		
ZIP/Postal Code:		Country:					
Paper referen	ces (only for	applicant (co)au	uthors of a s	ubmitted paper a	at EuM\	N 2025):	
Title(s):	· ,	11 ( )		<u> </u>		,	
· · · · · · · · · · · · · · · · · · ·	. `	ident grant OR					
Student	Applicants for a Student Grant must have their 31st birthday after the end of 2025 and be full time student (i.e. B.Sc., M.Sc. Ph.D. student). The value of the grant is €750 plus a voucher for complimentary attendance at the selected conference.						
grant:							
(select only one)  When applying for a Student Grant, you are no longer eligible for a Travel Grant.							
							□EuMIC □EuMC □EuRAD
Supervisor	email						
Letter of recommendation from supervisors including							
confirmation of current student status and a motivation why the student should receive a grant.							
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r	T & 11 /						
Travel	Applicants for a Travel Grant must be residents of one of the following countries: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Estonia, Georgia, Jordan, Kazakhstan,						
grant:	Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Mauritania, Moldova, Morocco, Syria,						
(select	<b>elect</b> Tajikistan, Tunisia Turkmenistan, Ukraine, Uzbekistan. The value of the grant is €75						
only one)	plus a voucher for complimentary attendance at the selected conference. When applying for a Travel Grant, you are no longer eligible for a Student Grant.						
□EuMIC	applying for	r a Travel Grant	, you are no	longer eligible fo	or a Sil	ident Grant.	
□EuMC					T		
□EuRAD	al letter			☐ attached (required)			
By signing	this docum	ent, I certify	the inforn	nation provide	ed in a	and attached to this form	
·		•		• •		s form, in its attachments	
or in any ot	her suppor	rting docume	nt, will lea	ad to automat	ic disc	qualification.	
Applicants signature				Place and Date			
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		_		EuMIC		EURAD	
55 EUROP	EAN CONFI	ERENCE 1202		2025			





