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| APPLICANT *(Full Name, address, and email of the person requesting the IFToMM YDP Grant)* | |
| NAME OF THE CONFERENCE OR OTHER EVENT AND ITS NUMBER IF PART OF A SERIES *(Write down the title and also the acronym, if it is an existing series)* | VENUE AND DATE OF THE EVENT |
| REASON FOR PARTICIPATION *(Write a concise paragraph)* | |
| BUDGET INFORMATION *(INDICATE THE SOURCE AND AMOUNT OF FUNDS WHICH WILL COVER THE COSTS NOT COVERED BY IFToMM)* | |
| ENCLOSED DOCUMENTS   1. a curriculum vitae including date of birth, 2. a letter of recommendation from the Dean or senior person at applicant's home institution confirming that funds are not available from their institution to fully support the event’s participation, 3. a budget estimate for the total expenses of the participant to attend the conference, 4. a letter of support from the Chair of the Member Organization (MO) where the applicant works/studies. (list of MO Chairs with contact information is available at the IFToMM website). | |
| DATE OF THE REQUEST *(Write the date of submitting this request to the Chair of the event)* | ADDITIONAL INFORMATION *(If appropriate and necessary)* |

By applying to the YDP grant, the candidate agrees to have his/her name, affiliation, and name of event attended posted on IFToMM website if awarded a YDP grant.