**Application Form: VCGS Funding for Research-Related Projects**

**Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Please click here to enter text. | Family Name | Please click here to enter text. |
| Street, House No. | Please click here to enter text. | Postcode | Please click here to enter text. |
| Phone | Please click here to enter text. | E-Mail | Please click here to enter text. |
| Account Holder | Please click here to enter text. | IBAN | Please click here to enter text. |
| SWIFT / BIC | Please click here to enter text. | Banking Institution | Please click here to enter text. |

**Information Regarding the PhD / Postdoc Project**

|  |  |
| --- | --- |
| PhD Project: Name of Supervisor  Postdoctoral Project: Name of Supervisor or, if applicable, Dean / Head of the Institution | Please click here to enter text. |
| Title of Research Project | Please click here to enter text. |

**Information Regarding Research-Related Project**

Type of Project (Please Choose): Active Conference Participation

*Please describe your project.   
If applying for a publication grant, please note if you are planning an open access publication.*

|  |
| --- |
| Please click here to enter text. |

**Financing Information**

1. Overall Cost Itemization

*Please list all costs of your research project in detail.*

|  |
| --- |
| Please click here to enter text. |

2. Financing Plan

*Please list all sources of funding.*

|  |  |  |
| --- | --- | --- |
| Type | Source | Amount |
| Subsidy | Viadrina Center for Graduate Studies | Please click here to enter text. |
| Co-Financing  *(University Funds, e.g. of your Faculty)* | Please click here to enter text. | Please click here to enter text. |
| Other  *(Third-Party Funds, Own Funds, etc.)* | Please click here to enter text. | Please click here to enter text. |

*Please check here if you are filing a business trip application (Dienstreiseantrag) as an employee of the Viadrina.*

Date, Signature of Applicant

Date, Signature of Supervisor (PhD Researchers) Date, Signature of Supervisor or, if applicable, Dean / Head of the Institution (Postdocs)

*Please note: With your signature you endorse this research project in its present form.*

Date, Signature of Co-Financing Institution

*Please note: With your signature you attest that the co-financing for this project is ensured.*