**Application form for SRP Diabetes Travel Grant 2024**

***Eligibility requirements:*** *Registered PhD students or postdoctoral fellows at Karolinska Institutet travelling for physical attendance at either EASD 2024 or ADA 2024, who have an accepted oral or poster presentation at either of these meetings are eligible to apply for a travel grant. The applicant must be the presenting author.* *Note: you are not allowed to apply for a travel grant to a meeting for which you already have been awarded a travel grant.*

*Travel grant for presenting at EASD 2024 (fixed amount): 10 000 SEK*

*Travel grant for presenting at ADA 2024 (fixed amount): 15 000 SEK*

**The application should include:**

* This form filled in including your CV using the template below.
* **Abstract submitted (for which you should be the presenting author):** attach a copy which should include title, all authors and affiliations, and abstract text.
* **Acceptance letter for your abstract that you have been selected for an oral or poster presentation:** attach a copy of the acceptance letter which should indicate the sender and organization (EASD or ADA) and confirmation of you as the presenting author.
* **Write here the scientific meeting, with dates, that you will be attending in person (EASD or ADA):**

***Submission:*** *For applications to be considered, the applications must be submitted using this form and complemented with the abstract and acceptance letter as above. Submit to* [*Stefan.nobel@ki.se*](mailto:Stefan.nobel@ki.se) *during the period of* ***May 31 to August 31, 2024 with “SRP Diabetes Travel Grant” in the subject line.***

***A verification****, i.e. a picture of you while presenting at the meeting, should be sent to* [*Stefan.nobel@ki.se*](mailto:Stefan.nobel@ki.se) *when you return to KI. This verification is required in order to get the grant transferred to your department. Note: this picture may be used on the SRP Diabetes website which you by submitting your application approve of.*

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| **BIOGRAPHICAL SKETCH** | | | | |
| NAME | | POSITION TITLE | | |
| EMAIL | | DEPARTMENT | | |
| SUPERVISOR | |  | | |
| EDUCATION/TRAINING | | | | |
| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | | YEAR(s) | FIELD OF STUDY |
|  | B.S. | |  |  |
|  | M.S. | |  |  |
|  | M.D. | |  |  |
|  | Ph.D | |  |  |
|  | Post-doc. | |  |  |
|  | Docent | |  |  |

**Positions and Employment**

**Any other relevant information (e.g. grants, publications etc)**