**Application form for SRP Diabetes Travel Grant 2025**

***Eligibility requirements:*** *Registered PhD students and postdoctoral fellows at Karolinska Institutet travelling for physical attendance at either EASD 2025 or ADA 2025, 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 2025 (fixed amount): 10 000 SEK*

*Travel grant for presenting at ADA 2025 (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 latest July 31, 2025:*** *For applications to be considered, the applications must be submitted using this form and complemented with the abstract and acceptance letter as above. Submit your application**to* *SRP-diabetes@ki.se* ***with “SRP Diabetes Travel Grant” in the subject line. There is a limited budget for these grants, and first come first served applies.***

***A verification****, i.e. a* ***picture of you while presenting at the meeting****, should be sent to* *SRP-diabetes@ki.se* *when you return to KI after the meeting. This verification* ***is required*** *in order to get the grant transferred to your department. Note: this picture may be used in SRP Diabetes website and newsletters, which you by submitting your application, approve of.*

***Please NOTE:*** *The grant will be paid retroactively, i.e. after you have been awarded the grant and after you have sent in your verification of your presentation.*

***Decision on grants:*** *the aim is to announce decision on received grant applications continuously and latest by the end of August 2025.*

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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)**