Department of Mathematic – Gender Equality Office

Application for Equality funding



A) Contact details of the applicant		
1. Surname, name:		
2. Student ID number / Personnel number:		
3. Adress:		
4. Telefon (work /private):		
5. E-Mail:		
6. Status group:		
Student (female)		
PhD student (female)		
Postdoctoral researcher (female)		
Professor (female)		
ATM		

7. I am applying for a c	ost subsidy						
a) for participation in an event of Mentoring Hessen							
 b)for participation in an event organized by SciMento c)for participation in an event organized by Femtec d)for an open access publication 							
				e) $\ \ \ \ \ \ \ \ \ \ \ \ \ $			
				blank space)			
8. For events : titel, loc	cation, date (start and end	l) and the link of the event					
9. For publications: bib	oliographic information (ti	tle, journal or other comparable publication , link and					
publication date)	mograpme imerination (ti	tie, jeurnar er ettier eemparazie paansation , inik and					
C) Information on	the estimated total cost	5					
10.estimated total cos	t in euros						
	conference costs	Publication costs					
	travel costs						
	accommodation						
	other costs						
	estimated total costs						
Date :		Signature:					
-		·					

Information on the purpose of funding

B)