



2019 TRAVEL BURSARY FOR EUSTAR FELLOWS

Name _____

Surname _____

E-mail address _____

Tel. _____

EUSTAR centre No. _____

Hosting Centre _____

Duration of the stay:

6 months stay (20.000€)

12 months stay (30.000€)

Object of the stay _____

Details of the research (clinical or basic) program (not more than 3 pages including references) _____

Please add 1 page cv of the applicant and 1 page cv of the supervisor

Date _____

Signature of the applicant _____

Signature of the supervisor _____