



**ICPP  
BOSTON**  
JULY 29 -  
AUGUST 3 **2018**

# BURSARY ASSISTANCE FUND APPLICATION FORM

## APPLICATIONS INSTRUCTIONS

**Deadline for submitting application: AUGUST 31, 2017, applications will not be accepted after this date.** Complete all areas of the form, incomplete forms will not be considered. Submission instructions are found on the ICPP2018 website.

## ABOUT YOU

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Address \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Professional Status \_\_\_\_\_ Years in current position \_\_\_\_\_

Professional Plant Pathology Society Affiliation \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_ Date Highest Degree Earned \_\_\_\_\_

## ABSTRACT

Bursary recipients will be asked to submit an abstract for an oral technical presentation or a poster. Please select your preference:

\_\_\_\_ Poster \_\_\_\_ Oral technical presentation

Please provide a short description of the topic you would like to propose for your abstract.

## ENDORSEMENT BY SUPERVISOR/HEAD OF DEPARTMENT

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Position \_\_\_\_\_

E-mail \_\_\_\_\_

Fax \_\_\_\_\_

## REASON FOR BURSARY REQUEST

Please share why you are seeking bursary funds

### PAYMENT OF BURSARY

Selected applicants will receive their bursary funds **ONLY during ICPP2018**. Funds will not be provided prior to ICPP2018 in Boston.

I certify that the information in this application is true and correct.

Applicant's signature: \_\_\_\_\_