



Application Form

Equality Grant for Doctoral Candidates

Please fill in the form electronically!

Area of Support

Family Commitments

Disability

Collaborative research network

I am a member of a collaborative research network: no yes

If yes, which one? _____

Please submit your application to your managing director and send the documents electronically to Dr. Anna Laura Raschke (genderconsulting@zv.tu-darmstadt.de)

Period of research relevant activity

From _____ Until _____

Title and Description of research relevant activity

Please submit a written proof of your research relevant activity (e.g. programme of the conference, invitation of a research stay).

Aim and Motivation for research relevant activity

Description of Situation during research relevant activity and - if applicable - involved persons like partner, babysitter

Additional costs

Amount of additional costs: _____

Use of Equality Grant: _____

Please submit a detailed cost estimation with your proposal.

Hereby I reassure that I do not receive other funding for the above mentioned additional costs from another funding organisation:

Date

Signature

Personal Information

Form of address Ms. Mr. Academic degree _____

First name _____ Last name _____

Nationality _____ Birthday _____

Single parent Yes No

Children (Number and Age) _____

Contact Data

Street _____

ZIP code _____ City _____

Country _____

E-mail address _____

Academic Career

Highest Degree (Diploma, Master, ...): _____

Date: _____

University, Country: _____

Subject(s): _____

Doctoral Studies

Start: _____

Topic of dissertation: _____

Department: _____

Supervisor: _____

Date of Acceptance as a doctoral candidate by the Department: _____

Expected date of completion of dissertation: _____