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| A close up of a logo  Description generated with high confidence | ISQOLS 2024 Conference Educational Grant Application |

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State and Country | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an early researcher (doctoral student through early untenured)?

If yes, please list the name of your institution/university and your field of study:

Are you from a developing country?

Are you a current ISQOLS member?

Have you submitted an abstract to be a presenter for an oral/poster presentation for the ISQOLS 2024 conference?

If yes, please list the title of your paper/poster:

Has it been accepted for presentation yet?

Please describe how the scholarship will benefit you:

## Disclaimer and Signature

**Educational Grants**

As part of our society's goal to encourage students and early career researchers in the field of quality-of-life studies, we are offering free conference registrations and travel stipends in the amount of $500 for up to 6 individuals.

**You can apply for the educational grants if all of the criteria below are met:**

**- You are an early researcher (doctoral student through early untenured) – all are welcome to apply, but priority will be given to individuals from developing countries;**

**- You have been accepted as presenter for an oral/poster presentation for the conference.**

**Selection Process:**

**The Scientific Committee will review abstract submissions and will judge their merit. Decision is final.**

I acknowledge the information and stipulations as outline above.

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in investigation.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please send completed application to Jill Johnson, ISQOLS Executive Director, at office@isqols.org

**Application Deadline: March 1, 2024**

**Decisions will be made by March 30, 2024**