

## CALL FOR APPLICATIONS FOR TRAVEL GRANTS FOR INTERNATIONAL STUDENTS FOR THE YEAR 2024

#### ECP announces a call for grants for young researches

The European Cancer Prevention Organization (ECP) is extremely pleased to announce the assignment of **two** travel grants for 2024, intended to support young researchers on oncological topics who need to travel to national or international conference of course and to research visit, in order to expand their expertise.

Call will be open from 1st July to 30th November, 2023.

#### **Application procedure**

Instructions for applying to participate in the selection and online application form can be found in the "Travel Grants" section on ECP website (<a href="www.ecpo.org">www.ecpo.org</a>), to be sent within the specified period.

The deadline for applications is November 30<sup>th</sup>, 2023.

#### **Value of Awards**

The amount of each scholarship is set at € 1,000.00. ECP will refund the amount after receiving receipts from winner young scientists. Additionally, they will receive an award certificate. ECP staff will request a photo of the grant winner to be posted on ECP website.

#### **Eligibility**

Travel grants will be made available for active scientists with a maximum of 5 years postgraduate that intend to choose a career in cancer prevention. The purpose of the travel is to enlarge knowledge from established research centers, to initiate multicenter projects, or to present data at international cancer or life sciences conferences.

More info can be obtained from **Dr. Francesca Magnoni** and **Prof. Koen Kas**, responsible for the Travel Grants program of ECP.

**Dr. Francesca Magnoni** francesca.magnoni@ieo.it *Head ECP Grant Office* 

Prof. Koen Kas Kas.koen@gmail.com koen@healthskouts.com Deputy Head ECP Grant office

# TRAVEL GRANT APPLICATION FORM

Please fill in all the required information.

1. Applicant's profile	
Name and first name	
Gender	
Highest qualification	
Department	
University	
Address	
E-mail	
Phone	
Fax	
List of publications	Please provide the list of publications in a separate document added to this application form:
Name of topic	Please indicate the name of the topic that you need to deal with during your travel. This can be the title of the lecture, presentation, research project, new technology to be studied etc
Field description	Please give in maximal 10 lines (250 words) the field in which your research is to be found and why this travel is so important to you and the field.

### 2. Target event

Purpose of the travel	Visiting research facility/participate at a conference/ other?
Details of mission	Title of conference/Address of research center and head of department. Please add a letter of acceptance of abstract, invitation etc. to this application form – is required information
Dates	Please provide date of departure and return
	Date of departure:
	Date of return:
Address	Please give the full address where the mission is accomplished:
Organized by	Please give details about the people of the laboratory, congress organizer that co-organize your travel.
Main theme of conf.	
Title of abstract	
Other financial	Are there any other financial resources that cover, at least partly, the same trip?
resources.	

3. Abstract to be presented as lecture, paper or poster	
Maximum 250 words with (Title, authors (no affiliation), introduction, materials & methods, results (or expected results), discussion.	

4. Details of pre	evious travel grants	obtained from ECI	P or other subsidized	travels (if a	ny)
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Date	Conference visited	

5.	Underta	king by	the a	applicant
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I hereby undertake and affirm that:

- The substance of the research is original and conducted by me / us. In case any plagiarism is proved, apart from penalties imposed, I will refund the entire amount of grant to ECP
- The paper or research project has not been presented or studied before at any conference/workshop/lab etc. and also has not been published elsewhere
- All the information provided above is true to the best of my knowledge and belief
- If the grant is provided, I shall solely be responsible for its proper utilization and refund in case of cancellation of visit
- All the supporting documents submitted are authenticated

SIGNATURE OF THE APPLICANT

#### 6. Recommendations from Principle Investigator / Promoter / Head of department

I strongly recommend the request and certify that the applicant is a bona fide member of my department (please specify)

SIGNATURE of Principle Investigator / Promoter / Head of department

DATE

**DEPARTMENT**