

# **ESA Scholarship Application Form**

First Name:		
Middle Name(s):		
Last Name:		
Nationality:		
Email:		
Phone/Mobile Number:		
B. Student Inforr	nation	
Level of Study <sup>1</sup> :		
Field of Study:		
University Name:		
University Location (City,	Country)	
C. Student Contr	ibution	
What is the title of your at	estract submission:	
Role (author, co-author, or	her):	

**Personal Details** 

 $<sup>^{\</sup>rm 1}$  e.g. Bachelor, Master, PhD, other



## D. Motivation

Motivation to attend the FAR 2025 conference:			
Motivation to apply for the	ne ESA Academy student sponsorship. ship help you?		
	р ногр уса		



### E. Additional Questions

#### Have you ever been sponsored by ESA? (Yes/No):

If you have, which activity/activities did you participate to?

#### Do you have less than 2 years of professional experience? (Yes/No):

If you have more than 2 years' experience, who was your last employer?

\_\_\_\_\_\_\_

#### Do you benefit from an overlapping financial support to attend this conference? (Yes/No):

If you do, please describe the other financial support:

\_\_\_\_\_\_

#### Do you agree with the with ESA Academy's Privacy Policy (Yes/No):

By signing below, I affirm that all information provided in this application is accurate and complete to the best of my knowledge. I understand and agree to comply with all terms and conditions of the application and participation to the FAR 2025 conference.

Name, Signature, Date

Send the completed application form, together with proof of your student enrolment status, to the ESA Conference Bureau (<u>ESAConferenceBureau@atpi.com</u>) with email subject "FAR 2025 - ESA Academy Student Sponsorship" before the application deadline.