

Student scholarships

Young parasitologists are encouraged to participate in European meetings and to contribute to the development of parasitology in Europe. To support this, the Council of the European Federation of Parasitologists grants approximately 25 student scholarships **covering the congress fees** of the next European Multicolloquium of Parasitology (EMOP XII), to be held in Turku, Finland, from 20 to 24 July 2016.

Application is open for students (up to PhD / doctorate level) up to an age of 30 years, which are citizens of a member (or associated member) country of the EFP (<http://www.eurofedpar.eu/members>); citizens of suspended member countries cannot apply. They should participate in parasitological research carried out in an EFP member country and are required to give a presentation at EMOP XII, either orally or by poster.

How to apply:

The following documents have to be submitted:

- (1) The completed application form, signed by the candidate and the head of the department where the research was done.
- (2) Proof of registration for the congress. At registration, the EMOP organizers should be informed of the intention to apply for the scholarship.
- (3) Proof of age and nationality (copy of passport / ID), proof of student status (copy of student card of the home institution) and a short curriculum vitae (one page).
- (4) The title of a paper that will be presented by the candidate at EMOP XII, either orally or by poster. This presentation is a mandatory condition for the scholarship selection.

Form and accompanying information are to be sent to:

Dr. Thomas ROMIG, 1st Vice President of EFP
Universität Hohenheim
FG Parasitologie 220B
Emil-Wolff-Str. 34
70599 Stuttgart, Germany

tel: +49 711 459 23076
Email: Thomas.Romig@uni-hohenheim.de

not later than the June 15th 2016

Successful applications will be announced in late June 2016 and registration fees will be refunded during EMOP in Turku.



STUDENT SCHOLARSHIP



Your photo

INSTITUTE:

ADDRESS OF THE INSTITUTE:

NAME OF CANDIDATE:

FORENAME:

ADDRESS:

AGE:

GENDER:

TITLE OF RESEARCH:

PLACE OF RESEARCH:

HEAD OF THE DEPARTMENT:

I hereby certify that the research to be presented was carried out in our department.

Signature of the Head of the Department.....

I accept all mentioned terms and conditions.

Signature of the candidate.....DATE:.....