



Young@ISTA Project funding

The ECOM decided to create a special project to support the idea of Young@ISTA.

In a context of the Project ISTA will provide:

- One time direct financial support in the ISTA events like workshops, annual meetings, congresses.
- The number of young @ ISTA supported financially will not usually exceed 5 individuals per year.
- Costs covered by Young ISTA may include only:
 - Registration fee
 - Accommodation (event hotel)
 - Travel (most economical mode of travel)
- Any additional costs will not be reimbursed



Application for funding attending an ISTA Event

Attending ISTA Event (Congress, Annual Meeting, Symposium, Workshop) may include travel, accommodation, and registration fee.

To apply for funding **please complete the following required fields:**

Applicant Details (Curriculum Vitae is required)

Title

Family Name

Given Name

Position

E-mail

Employer Name

Address

Country

Technical
duties/research
performed

1. I would like to attend an event*(please write an event name):

**Event should be announced and posted on ISTA Website*

2. Please specify purpose of funding:

Submitted Abstract for Seed Symposium

Name of the Abstract:



ISTA
Seed Quality Assurance

ISTA Secretariat

Address: Richtiring 32, 8304 Wallisellen
Post Address: Richtiarkade 18, 8304 Wallisellen
Switzerland

Work area related to event topic

Please enclose a document with specification of the working activity related to the event and how attendance will benefit your career development within the seed sector and enable you to contribute to ISTA into the future.

Work area related to the Technical Committees activities

Specify any working activity you are already undertaking that relates to the work of one or more of the ISTA Technical Committees.

Other

Please indicate any other activities that support your application for Young ISTA funding to attend the event specified.

3. Please enclose a **curriculum vitae**.

4. Please enclose a **document with total estimated costs**. (*ISTA will only fund a part of these costs*).

5. Please choose:

- As applicant I will pay the residual amount myself.
- As employer/supervisor of the applicant, I confirm to bear the residual amount required to take part in the above event.

Name of the Employer/Supervisor

Position

Place and Date

Signature

Please send back this form and your curriculum vitae to the ISTA Secretariat by email: ista.office@ista.ch

Place and Date

Applicant Signature