York-Maastricht Partnership

Workshop Fund

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| **APPLICATION FORM*****Please complete this form and send it to*** ***Nicole Kusters*** |
| **Proposed activity**:  |
| **Estimated date(s) of the activity**:  |

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| **APPLICANT MAASTRICHT UNIVERSITY** |
| **Title**:  | **Name**:  |
| **Department**/**School**:  | **Email Address**:  |
| **Job Title**:  | **Phone Number**:  |
| **CO-APPLICANT UNIVERSITY OF YORK** |
| **Title**:  | **Name**:  |
| **Department**/**School**:  | **Email Address**:  |
| **Job Title**:  | **Phone Number**:  |

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| **PLEASE PROVIDE A BRIEF OUTLINE OF THE ACTIVITY** |
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| **AIMS AND OBJECTIVES**  |
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| **PROJECTED OUTPUTS AND ADDED VALUE** |
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| **FUNDING REQUESTED** *Please provide a breakdown of the budget below* ***or*** *attach a completed budget plan to this application* |
| **Item** | **Breakdown of costs**  | **Total** |
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| **Total funding requested:**  |

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| **STATEMENT FROM THE APPLICANT** |
| I wish to apply for the York-Maastricht Workshop Fund. If successful, I agree to complete a **short** **report** on the activity, and send it within **one month** after the end of the activity to Nicole Kusters. I agree that Maastricht University and the University of York may hold and process personal information in connection with this application and may use information relating to this proposed activity for any publicity purposes that they deem appropriate.  |
| **Signature:**  | **Date:**  |