SITolarship application form

Activities that can be financed under the SITolarship programme include conferences, training programmes, networking exercises, visits to similar projects in different countries to exchange experiences, hiring consultancy services for capacity building, etc. Given the total budget available, we expect successful applications not to exceed €5 000.

* Only proposals submitted in English will be accepted. Proposals or supporting documents submitted in other languages will not be considered.
* **The maximum number of characters allowed includes spaces.**
* For more information on how to complete the form, please email [institute@eib.org](mailto:institute@eib.org).
* You will be sent a confirmation email once we have received your application.

|  |  |
| --- | --- |
| **Contact details** | |
| Name of the venture | Insert name of the venture |
| Owner | Insert entity owner |
| Contact email address | Insert email address |
| Postal address | Insert address |
| Contact telephone number | Insert phone number |
| Website | Insert website |
| Year of creation | Insert year |
| Start year for project implementation/commercialisation | Insert year |

|  |  |
| --- | --- |
| **Information about the participant(s)/consultancy provider**  **(If there is more than one participant, please provide details for each participant in the activity)** | |
| First and last name of the participant(s)/consultancy | Insert first and last name(s)/consultancy name |
| Contact email address of the participant(s)/consultancy | Insert email address |
| Short biography of the participant(s)/consultancy **Maximum allowed: 1 500 characters** | Click or tap here to enter text |
| Role of participant(s) in the venture | Click or tap here to enter text |

|  |  |
| --- | --- |
| **Information about the activity** | |
| For what purpose (activity) will the grant be used? Please describe the activity, timeline, participant’s role in the activity, etc.[[1]](#footnote-1)  **Maximum allowed: 800 characters** | Click or tap here to enter text |
| Please tell us why and how this activity is important for your venture.  **Maximum allowed: 800 characters** | Click or tap here to enter text |
| How will your venture benefit from taking part in this activity?  **Maximum allowed: 800 characters** | Click or tap here to enter text |
| Please include a detailed description and an approximate breakdown of costs of the activity. Please also mention any costs that have already been incurred (costs already incurred will not be eligible for reimbursement by the Institute). | Click or tap here to enter text |
| **Total grant amount requested:** |  |

Please note that reimbursement of your costs must be requested using an expense claim form, which will be provided in the event of a positive outcome and must be submitted together with the relevant invoices/receipts.

Date and place Signature of CEO

1. In the case of a conference or training activity, please include an agenda and explain what your role will be (member of audience, speaker, etc.). In the case of a consultancy assignment, please include details of the scope of the assignment, the consultant’s CV, consultancy fees, etc. [↑](#footnote-ref-1)