

**AFRIRPA2010**  
**APPLICATION FOR FINANCIAL SUPPORT**  
**(AFRICAN DELEGATES ONLY)**

Please fill in the information required on the form below and submit before **30 June 2010**.

Only delegates whose abstracts have been accepted for presentation and/or involved in the other activities of the congress are eligible for support. FINANCIAL SUPPORT IS NOT GUARANTEED AND IS SUBJECT TO AVAILABILITY OF FUNDS.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age by 13 September 2010: \_\_\_\_\_ years I am a *bona fide* graduate student: Yes  No

Main field of interest: \_\_\_\_\_

Title of paper/lecture to be presented at AFRIRPA2010: \_\_\_\_\_

\_\_\_\_\_

In which other activities of the congress will you also be involved? \_\_\_\_\_

Kindly include (on a separate sheet) the following:

1. a brief Curriculum Vitae
2. full itemized details of the funding required (***please note that those requesting for partial funding have better chances***)
3. details of any other funding that will be provided by your institute and other sources

Please send all this information as an e-mail attachment to [info.afrirpa2010@eaarp.or.ke](mailto:info.afrirpa2010@eaarp.or.ke) or [eaarp@yahoo.co.uk](mailto:eaarp@yahoo.co.uk) .

Alternatively fax the required information together with a printout of this completed application form to +254-202729040

NOTE: Delegates who receive funding are required to attend all the scientific sessions and to submit a written report on the Congress to the Organizing Committee before 15 October 2010.

**Supervisor/Head of Department:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I confirm that all the information provided by the applicant is correct

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICIAL USE:**

Application approved / not approved.

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Chairman, DFSC