**POST-AIMS TRAVEL GRANTS APPLICATION FORM**

Kindly familiarise yourself with the application requirements and criteria before completing the application form.

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| 1. NAME OF APPLICANT | | |
| 1. PROPOSED PROGRAM OF STUDY e.g. MSc (1-year, 11/2-year, 2-years), PhD | | |
| 1. Name and Address of your host. Kindly include the faculty, Department, Name of the University, country, phone number and email address | | |
| 1. Name and Address of your co-supervisors if applicable. Kindly include the faculty, Department, Name of the University, country, phone number and email address (Please add as applicable) | | |
| ARE ANY OF YOUR SENIOR TEAM MEMBERS EMPLOYEDAT AN AIMS CENTRE? IF YES, KINDLY STATE THE AIMS CENTRE | | |
| 1. Will youR research be carried out at an institution in Africa partially or entirely? Please indicate the reason for your choice of institution (s) | | |
| 1. PROPOSED Research topic | | |
| 1. Brief summary of the research work to be undertaken. This should include a short background; planned activities; expected results and expected impact of the research. Max 1 page (Kindly include this as a separate attachment) | | |
| 1. START DATE OF STUDY | | 1. END DATE OF STUDY. |
| 1. Proposed Budget  |  |  |  | | --- | --- | --- | | **CATEGORY** | **AMOUNT (USD)** | **AMOUNT (Local Currency)** | | **Tuition** |  |  | | **Travel (flight)** |  |  | | **Accommodation** |  |  | | **Subsistence** |  |  | | **Visa application** |  |  | | **Others (please indicate)** |  |  | | **Others (please indicate)** |  |  | | **Others (please indicate)** |  |  | | **Gross total for the study program** |  |  |  |  |  |  |  | | --- | --- | --- | --- | | **Budget Distribution** | AMOUNT (USD) | AMOUNT (Local Currency) | **Comments** | | **Total amount required from AIMS (for your flight ticket)** |  |  |  | | **Amount obtained from other sources e.g Host supervisor, government, family, personal funds etc** |  |  |  | | | |
| APPLICANT’S SIGNATURE | Date | |

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| **For Official Purposes** |
| **Overall Comments from the Chair of the Selection Committee:**  **Approved budget (USD or local currency):** |
| **Name and Signature (Post-AIMS Travel Grant Coordinator):**  **Date:** |