## **Student Bursary Application Form**

Name	2	Age
Affiliati	tion / Organization	
Adviso	or	
PhD sta	tarted: Ant	icipated graduation date:
Abstrac	act title:	
Motivation (300 words maximum)		
☐ I confirm that I am an active member (2024) of Biophysics Austria or of an EBSA partner organization (In the latter case, please provide proof of membership together with this application.)		
Date _	Applicant`s	signature
Advisor		
<ul> <li>□ I confirm that is an active PhD student under my supervision</li> <li>□ I support the she/he will present at the BA conference in Salzburg (July 8-10, 2024) and applies for a financial support from BA.</li> </ul>		
Date	Advisor´s si	gnature