Application form

Prof. Yoo Hang Kim Young Women Scientists Award - Year 2024

Please fill in (in English) and sign your application

1. Last Name: _____ 2. First name: _____

3. Date of birth: _____ 4. Nationality: _____

5. Position: _____

6. Affiliation/Address:

_____

_____

_____

_____

Tel: _____ E-mail: _____

ORCİD / Scopus number if available: _____

7. Educational qualifications:

Institution	Date	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List of the three most important publications in the last 5 years with available doi number:

_____

_____

_____

_____

9. Conferences attended in the last 5 years with the presentation type (ORAL-POSTER) specify

_____

_____

_____

_____

10. Conference details for which the nominee requests support to attend:

Conference Title: _____

Date and Location: _____

Conference Organizers: _____

Title of Paper: _____

_____

Authors:_____

_____

_____

Type of Presentation: ___Oral Presentation ___Poster Presentation

Abstract:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

11. Itemized expected cost with the total: (any additional financial support from other sources should not be requested)

Item	Details	Total
Conference Fees	Receipt is requested	
Airfare	Receipt is request	
Accommodation	Conference period +1night Receipt is requested	
Per diem	$20/day during the conference period	
	Total Amount Requested	

Name/ Signature _____

Date _____