



**Medicine in the Medieval North Atlantic World**

**19–21 March 2020**

**Maynooth University, Ireland**

https://[www.maynoothuniversity.ie](http://www.maynoothuniversity.ie)

**Application for financial assistance**

Applications for financial assistance to attend the above conference will be considered from students pursuing a course of postgraduate study at MA or PhD level, as well as from early career scholars within 5 years of graduation from a PhD programme. The committee will also consider applications from postgraduate students who wish to attend the conference but not present a paper.

The amount of funding available for travel bursaries is expected to be in the region of up to €500 for delegates travelling from outside of the EU; up to €300 for delegates based within the EU but outside of Ireland; and up to €100 for delegates based within Ireland. Accommodation fee waivers will apply for a standard room on the Maynooth University campus for up to four nights maximum (Wednesday 18th March – Saturday 21st March 2020).

Applications and references should be emailed to [**northatlanticmedicine@gmail.com**](mailto:northatlanticmedicine@gmail.com) by no later than **15 October 2019**, citing the words ‘bursary application’ and the name of the applicant in the subject-line.

Please indicate all of the funding categories for which you wish to be considered:

|  |  |
| --- | --- |
| Travel bursary for a scholar based outside the EU |  |
| Travel bursary for a scholar based within the EU but outside of Ireland |  |
| Travel bursary for a scholar based within Ireland |  |
| Free accommodation on Maynooth Campus |  |

**Name (Dr/Ms/Mr/etc):**

**Address (including postcode):**

**Telephone:**

**Email address:**

**Institutional affiliation (if any):**

**Position held (if any):**

**Title of PhD/ research project:**

**Postgraduate course start and end dates (where applicable):**

**Proposed dates of attendance/nights of accommodation required:**

**From** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**to**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of visit/ reasons for wishing to attend conference (max. 500 words):**

* The purpose of your visit, and what you hope to achieve in the process (including presentations, publications, networking, etc.)
* Details of conference paper to be presented (where applicable), including title and abstract/brief description
* The visit’s/ conference’s relationship and contribution to your current and ongoing research and career.

**Estimate of FULL cost (be specific and realistic):**

**Have you applied for or secured any other sources of funding to cover your travel expenses? Please give details:**

**Are you currently in receipt of any funding (scholarships, stipends, grants, etc.) to support your research/studies? Please give details:**

**Please give the name and address of one referee.**

Your referee should be familiar with your work and your research proposal. They must send a reference to **northatlanticmedicine@gmail.com** by no later than **15 October 2019** – this should **not** be sent by the applicant.

Applicants are responsible for ensuring that references reach the conference committee before the deadline.

**Referee’s name:**

**Position and affiliation (if applicable):**

**Email address**:

**Signature of applicant:**

**Date:**