

## **ESA Scholarship Application Form**

Α.	Personal Details • First Name:	
	• FIISt Name.	
	• Last Name:	
	• Age	
	• Gender	
	• Nationalities:	
	• Email:	
	• Phone/Mobile Number:	
В.	Student Information	
	• Level of Study: (Bachelor, MSc, PhD)	
	• Field of Study:	
	• University Name:	
	• University Location: (City, Country)	
C.	Student Contribution	
	What type of contribution	are you presenting to the conference? (oral presentation, poster)
	What is the title of your contact.	ontribution:
	• Role: (Author, co-author, o	ther)

• Will you be presenting your contribution individually? (yes/no)

•	Abstract of your contribution:			
L				
D. Student Sponsorship Request				
•	Have you ever been sponsored by ESA? (yes/no)			
	If you have, which activity/activities did you participate to?			
•	• Do you have less than 2 years of professional experience? (yes/no)			
	/			
	o If you have more than 2 years' experience, who was your last employer?			
•	<ul> <li>Motivation to attend the EDHPC'25 conference:</li> </ul>			

•	<ul> <li>Motivation to apply for the ESA Academy student sponsorship. How would this sponsorship help you?</li> </ul>		
•	Do you benefit from an overlapping financial support to attend this conference? (yes/no)		
	If you do, please describe and quantify the other financial support:		
•	Do you agree with the with ESA Academy's Privacy Policy? (yes/no)		
	ESA Academy's Privacy Policy		
of my	g below, I confirm that all information provided in this application is accurate and complete to knowledge. I understand and agree to comply with all terms and conditions of the application to the EDHPC'25 conference.		
e, Sig	nature, Date		

Send the completed application form, together with proof of your student enrollment status, to the ESA EDHPC Point of Contact (EDHPC@esa.int) with email subject "EDHPC'25 - ESA Academy Student Sponsorship" before the application deadline.