**APPLICATION FORM**

**BSU CEFTER Conference /Workshop Grant**

Please complete this application form in conjunction with **BSU CEFTER Conference /Workshop Grant** **Awards Guidelines.** The form should be filled using font 12, Times New Roman.Complete applications must be submitted to the Secretary’s Office, CEFTER BSU Grant Allocation Committee, P.M.B. 102119, Makurdi, Benue State, Nigeria.

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| **1. Name of Applicant** (Please give full legal name: first, middle, and SURNAME in uppercase letters)**:** **Title, department, and institutional affiliation:****Mailing address:** | **2. Name of Co-applicant** (Give full legal name, same as organizer; list additional co-applicant(s) on last page): **Title, department, and institutional affiliation:****Mailing Address:** |
| **E-mail:** **Telephone:**  | **E-mail:** **Telephone:**  |
| **3. Date and place of birth:**  **Citizenship:** **Gender:**  | **4. Date and place of birth:**  **Citizenship:**  **Gender:**  |
| **5. Highest academic degree:**  **Year and institution:**  **Rank:** | **6. Highest academic degree:**  **Year and institution:**  **Rank:**  |
| **7. Title of workshop:** | **8. Total amount requested in U.S. dollars:****(Maximum $2,400) US$:**List only the amount requested from CEFTER not Exceeding N150, 000 for local conferences and up to $2,400 for international conferences. |
| **9. Abstract of workshop aim and scope:** |
| **10. Workshop dates:** (list alternate dates if applicable) |
| **11. Location(s) of workshop/ conference** (briefly describe reasons for selection): |
| **12. Who will administer the workshop/ conference?** |   |
| **13. Other sources of funds (received or requested) for workshop** |
| **14. Has applicant received a CEFTER grant before?** **Date(s) awarded, Grant and Amount****:**     |
| **15. Workshop Budget Itemization**

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| **16. Workshop Description Question 1:**  What is the rationale for the workshop and what are your aims and objectives of attending the event? Address the current status of research on the topic and theme, the particular need for a workshop at this time. |
| **17. Workshop Description Question 2:** What are the specific topics to be discussed? |
| **18. Workshop Participants:**List the individuals (including name, institutional affiliation, country, and field of specialty) then indicate the individual’s role in the workshop along with a brief explanation for his/her selection. Please indicate with an asterisk those participants who have accepted. ***Name of Participant******Affiliation/Country******Academic Field Role in workshop and reason for selection:*** |
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| **19. Completed by Applicants’ Head of Department****a. Is the conference relevant to CEFTER project goals?****---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------b. State whether or not the applicant request conform fully with the guidelines of the grant he/she is applying for?****---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------****20. Applicants' Signature** **Signature Date** |

**Official Use:**

**Grant decision**