CIF International
IPEP Grants Request Form

Name First name Country

_____

In case I am accepted to participate in the IPEP …… (year) in ……. (country)
I want to apply for a grant.

IPEP Costs	**Amount**	**Currency** _____
Participation fee	_____	
Travel expenses		
Flight/train	_____	
Other travel expenses	_____	
Visa costs	_____	
Health insurance/Vaccination expenses	_____	
Cancellation insurance	_____	
Other expenses, specifically _____	_____	
Total	_____	

Participation Costs	
From the above costs I pay myself	_____
My employer reimburses me	_____
Other sources (which ……)	_____
Total Requested amount	_____
In Euro	_____

My monthly salary amounts to Amount_____Currency _____
My monthly living expenses Amount_____Currency _____

☐ I confirm that I cannot participate in this IPEP without the grant requested.

☐ In case I am not accepted in the IPEP mentioned above, due to too many applications, I am interested in participating the same year in an IPEP in another country. YES/ NO
If yes, In which countries? _____
_____

Date Signature