**REGISTRATION SCHOLARSHIPS FOR STUDENTS**

**APPLICATION FOR STUDENT REDUCTION IN REGISTRATION FEES**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a presenter? YES NO
2. Are you attending at least two days of the conference (Friday and Saturday)?
3. What are your personal estimated costs for attending the conference?
4. **Do you have additional funding (e.g. from your university)? YES NO**
5. Is there anything else you want to tell us about financial need?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**