**DZL Mobility Grant Application**

Applicant’s Name/First Name:

Institute:

Address:

DZL Site:

E-mail:

Telephone No.:

Name and Address of Institute to be visited:

Institute:

Address:

DZL Site:

**Type and Purpose of Training/Scientific Exchange**

(Enter text here)

**Relevance and potential benefit to candidate and own institution**

(Enter text here)

**Justification for duration of stay**

(Enter text here)

**Estimated Costs**

|  |  |  |
| --- | --- | --- |
|  | Description | Cost (EUR) |
| Travel |  |  |
| Accommodation |  |  |
| Living Expenses\* |  |  |
| Total |  |  |

\* according to the currently valid daily allowance (24€/24 hours)

**Together with application please submit:**

1. Your *curriculum vitae*
2. A letter from your DZL PI in support of the training visit
3. A letter from the host lab in support of the training visit