**Oskar Grün Career Center Foundation**

**of the Membership Association of WU Full Professors**Welthandelsplatz 1
AD building, level 2
1020 Vienna

Telephone: +43 (0)1/31336/5047

**Application for‎ financial support**

|  |
| --- |
| **Applicant details** |
| Name |  |
| Address |  |
| Date of birth |  | Social insurance number |  |
| Affiliation at WU (department, institute, ...) | DepartmentPlease select as appropriate |  |

|  |
| --- |
| **Application** |
| Date of the application | Click to select the date or type it in |
| Type of support applied for | Please select as appropriate |
| Please email your online application documents to the office of the Oskar Grün Career Center Foundation at: *gruen.stiftung@wu.ac.at*. |

|  |
| --- |
|[ ]  [[1]](#footnote-1)If financial support is awarded, the applicant is obligated to name the sponsors by adding the following note to the completed product: *“Supported by the OGCC Foundation of the Membership Association of WU Full Professors”* |
|[ ]  I have read and signed the declaration of consent for the collection and processing of personal data.  |
| Signature of the applicant |  |
| **[[2]](#footnote-2)Reasons for the choice of publisher (or: choice of journal) and explanation regarding the expected benefits of the publication** |
|  |

|  |
| --- |
| **[[3]](#footnote-3)Letter of motivation** |
|  |

|  |
| --- |
| **[[4]](#footnote-4)Justification and event schedule (academic objective of the event, target group and participants, program)** |

1. Check this box only for support types 1 and 2. [↑](#footnote-ref-1)
2. Fill in only for support type 1. [↑](#footnote-ref-2)
3. Fill in only for support types 2 and 3. [↑](#footnote-ref-3)
4. Fill in only for support type 4. [↑](#footnote-ref-4)