

Date: _____

Taiho Kogyo Tribology Research Foundation
List of Grantees for young tribologists

When you select grantees, please note the following conditions.

- "Young tribologists" would be defined as 36 years old or younger at the time of the conference, but excluding young tribologists from industry or other for-profit organizations
- The cost-sharing grants would be limited to \$500 per grantee (total of 10 awardees each year)
- Application for grants by any individual would be limited to not more than once every five years
- The number of grant recipients from any one country would be limited to not more than three in any one year

1.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

2.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

3.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

4.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

5.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

6.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

7.
Name: ___ Prof. ___ Dr. ___ Mr. ___ Ms. _____
Affiliation: _____
Nationality: _____
Grant: \$ _____
Purpose of budget allocation: _____

8. Name: ___Prof. ___Dr. ___Mr. ___Ms. _____ Affiliation: _____ Nationality: _____ Grant: \$ _____ Purpose of budget allocation: _____
9. Name: ___Prof. ___Dr. ___Mr. ___Ms. _____ Affiliation: _____ Nationality: _____ Grant: \$ _____ Purpose of budget allocation: _____
10. Name: ___Prof. ___Dr. ___Mr. ___Ms. _____ Affiliation: _____ Nationality: _____ Grant: \$ _____ Purpose of budget allocation: _____

If chosen for a TTRF tribology grant, you must agree to provide TTRF with a written report describing the details of the symposium/conference/meeting that will be made public.

I acknowledge that the information provided in this application is true and accurate to the best of my knowledge.

Signature

Name (Please Print)

Date

Please submit your application to:

By Mail Taiho Kogyo Tribology Research Foundation
 Taiho Kogyo Co., Ltd.
 2-47 Hosoya-Cho, Toyota-City, Aichi-Pref.
 471-8502 Japan
 Att: Masato Isobe

By E-mail secretariat@ttrf.org

By FAX +81-565-28-2006