

LIST OF GRANTEES FOR YOUNG TRIBOLOGISTS

When you select grantees, please note the following conditions.

- *“Young Tribologists” is 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 grant is limited to \$500 per grantee (Max.10 grantees).*
- *The grant for any individual Young Tribologist is limited to not more once every five years.*
- *The number of grant recipients from any one country is limited to not more than three in any one application.*

<p>1) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>
<p>2) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>
<p>3) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>
<p>4) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>
<p>5) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>
<p>6) Name: _____ Date of birth: _____ Title: ____Prof. ____Assoc. Prof. ____Dr. ____Other (_____) Affiliation: _____ Country: _____ Grant: US\$ _____ Purpose of budget allocation: _____</p>

<p>7) Name: _____ Date of birth: _____</p> <p>Title: ____ Prof. ____ Assoc. Prof. ____ Dr. ____ Other (_____)</p> <p>Affiliation: _____</p> <p>Country: _____</p> <p>Grant: US\$ _____</p> <p>Purpose of budget allocation: _____</p>
<p>8) Name: _____ Date of birth: _____</p> <p>Title: ____ Prof. ____ Assoc. Prof. ____ Dr. ____ Other (_____)</p> <p>Affiliation: _____</p> <p>Country: _____</p> <p>Grant: US\$ _____</p> <p>Purpose of budget allocation: _____</p>
<p>9) Name: _____ Date of birth: _____</p> <p>Title: ____ Prof. ____ Assoc. Prof. ____ Dr. ____ Other (_____)</p> <p>Affiliation: _____</p> <p>Country: _____</p> <p>Grant: US\$ _____</p> <p>Purpose of budget allocation: _____</p>
<p>10) Name: _____ Date of birth: _____</p> <p>Title: ____ Prof. ____ Assoc. Prof. ____ Dr. ____ Other (_____)</p> <p>Affiliation: _____</p> <p>Country: _____</p> <p>Grant: US\$ _____</p> <p>Purpose of budget allocation: _____</p>

Personal information must be handled according to [TTRF Privacy Policy](#).

ACKNOWLEDGEMENT & AGREEMENT BY APPLICANT

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

Signature: _____

Name in print: _____

Date: _____

SUBMISSION

Please submit the signed application and attachments to [TTRF Secretariat](#):

by E-mail

secretariat@ttrf.org