**ASTOR TRAVEL FUND**

**APPLICATION FOR AN ASTOR VISITING SCHOLARSHIP**

**GRANT FOR A VISIT TO THE USA**

This form should be completed and returned to Secretary of the Board of Management of the Astor Travel Fund, by email to [trusts@admin.ox.ac.uk](mailto:trusts@admin.ox.ac.uk). Applicants should arrange for a reference from a senior member of their department or faculty currently in post to be submitted to the Secretary by the closing date for the receipt of applications. It should be noted that when assessing applications, the Board of Management will pay particular attention to the responses given in Section 11, concerning funding from other sources.

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| --- | --- | --- | --- |
| **1.** | **Name of applicant** |  | |
| **2.** | **Date of birth** |  | |
| **3.** | **Address for correspondence** |  | |
| **4.** | **Academic qualifications [with dates and origin in each case]** |  | |
| **5.** | **Faculty/College** |  | |
| **6.** | **University/College posts currently held**  **[Applicants on fixed term appointments must give the termination date of their contract]** |  | |
| **7.** | **Purpose of proposed visit** |  | |
| **8.** | **Places to be visited**  **[with expected dates and duration of visits]** | | |
| **9.** | **Expected dates of outward travel and return** |  | |
| **10.** | **Details of proposed expenditure, with fares, subsistence and other expenditure clearly distinguished [the grant may only be used for economy/standard fares].** | | |
| **11.** | **Other sources of assistance. Please give details of funding assured from other sources and/or pending applications** | | |
| **12.** | **Value of grant sought from the Astor Travel Fund**  **(Maximum award is £1,500)** | | **£** |
| **13.** | **Previous grants from the fund, if any.**  **[Please indicate when awarded and whether claimed.]** | |  |
| **14.** | **Name and address of referee who is a senior member of the department or faculty currently in post. NB. *It is the responsibility of the candidate to ensure that the reference is submitted to the Secretary of the Board of Management.*** | |  |

Signature of applicant:

Date