**SCHOLARSHIP APPLICATION FORM**

**BGCI’s 9th International Congress**

**on Education in Botanic Gardens**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Institution** |  |
| **Postal Address** |  |
| **Telephone** |  |
| **Email** |  |

|  |
| --- |
| **Language competence:** Please indicate your language ability using the following ranking: 1 = no English, 10 = fluent in English |
| English: 1 2 3 4 5 6 7 8 9 10 |
| **Please state your reasons for wanting to attend the BGCI 9th International Congress on Education in Botanic Gardens. Include an explanation of why your contribution will be valuable to the other delegates and how the conference will benefit you and your organization**. |
|  |
| **How will you disseminate the knowledge and experiences you gain at the Congress in your home country?** |
|  |
| **Please indicate the type of scholarship you wish to apply for.** *In the case of full and flights scholarships, please indicate the cost of your airfare.*  |
| **Types of scholarship** | **Choice of scholarship (check one)** | **Cost of flights (max US $2,000)** |
| **Full** |  |  |
| **Flights** |  |  |
| **Registration fees** |  | n/a |
| **Accommodation** |  | n/a |
| **Please justify your need for financial support to attend the congress**. |
|  |
| **ABSTRACT:** Please include an abstract for a session. Indicate the type of abstract you’ll be submitting below. Your abstract should be no longer than 300 words.  |
|  | 1. **presentation/ panel session**
 |  | 1. **round table**
 |
|  | 1. **workshop**
 |  | 1. **world café**
 |
|  | 1. **poster**
 |  | 1. **other (please indicate)**
 |
| **Proposed Session Type:** *Complete only if you’ve selected OTHER above.* |
|  |
| **Please indicate the key words that are relevant to your session proposal (choose two):** |
|  | TL = Teaching & Learning |
|  | SC = Science Communication |
|  | TE = Technologies for engagements & Learning |
|  | SV = Strategy & Future Visions for Greater Impacts & Change |
|  | CE = Social Inclusion & Community Engagement |
|  | RE = Research & Evaluation |
|  | PD = Professional Development |
|  |
| **Abstract title:** |  |
| **Abstract** |
|  |
| **I certify that, to the best of my knowledge and belief, the statements made by me in this application are true and the information provided is correct.**  |
| **Signed**  |  | **Date** |
|  |
| **This section to be completed by applicant’s line manager or Head of Department** |
| **Name** |  |
| **Job Title** |  |
| **Institution** |  |
| **Telephone** |  |
| **Email** |  |
| State the specific skills you expect the applicant to acquire from the Congress: |
|  |
| Indicate how the applicant will use the skills and knowledge acquired: |
|  |
| What resources will be provided to enable the applicant to use and disseminate the acquired skills and knowledge? |
|  |
|  |
| **Signed**  |  | **Date** |

**Application Deadline: December 15, 2014**

Please send completed application forms to educationcongress@bgci.org

All application forms will be acknowledged. If you do not hear from us within two weeks, please contact us.

Successful applicants will be notified in January, 2015.