



Application form

Prof. Yoo Hang Kim Young Women Scientists Award - Year 2024

Please fill in (in English) and sign your application

1. Last Name: _____ 2. First name: _____

3. Date of birth: _____ 4. Nationality: _____

5. Position: _____

6. Affiliation/Address:

Tel: _____ E-mail: _____

ORCID / Scopus number if available: _____

7. Educational qualifications:

Institution	Date	Degree/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. List of the three most important publications in the last 5 years with available doi number:

9. Conferences attended in the last 5 years with the presentation type (ORAL-POSTER) specify

10. Conference details for which the nominee requests support to attend:

Conference Title: _____

Date and Location: _____

Conference Organizers: _____

Title of Paper: _____

Authors: _____

Type of Presentation: ___ Oral Presentation ___ Poster Presentation

Abstract: _____

11. Itemized expected cost with the total: (any additional financial support from other sources should not be requested)

Item	Details	Total
Conference Fees	Receipt is requested	
Airfare	Receipt is request	
Accommodation	Conference period +1night Receipt is requested	
Per diem	\$20/day during the conference period	
Total Amount Requested		

Name/ Signature _____

Date _____