

Application for the PSAI PEC Travel Funding Support Scheme

**(Available only for PSAI MEMBERS)**

The PSAI provides conference travel grants to postgraduate students and early career political scientists (PEC). Applications are accepted on a rolling basis, and will be evaluated by the PSAI Secretary, Treasurer, and Ph.D. Student Representative. Applicants must be PSAI members, and either postgraduate students or early career political scientists (with a Ph.D. received no more than three years ago). Researchers can receive funding of €800 for a maximum of two conferences per academic year (September–August). The PSAI will not accept applications to fund past events.

To apply for funding, please complete this form and return it to [psaipresident@gmail.com](mailto:psaipresident@gmail.com).

***Please note*:** The minimum award is €50; the maximum is €400. Admissible expenses include conference registration, transportation to/from the conference, public transportation at the conference location, accommodation, and a per diem of €30 per day for meals. (Receipts will be required for all expenses except the per diem for meals.) Requests to have other expenses covered will be considered on a case-by-case basis. Claimants should claim reimbursement via the PSAI’s reimbursement form. Payments will be made into the applicant’s bank account after the conference.

Name:

Address:

Institution:

Department:

PSAI member? Yes 🞎 No 🞎

Please select one: Postgraduate Student 🞎 Early Career Political Scientist 🞎

Year Ph.D. received or expected:

How is your Ph.D. funded?

🞎 Irish Research Council 🞎 Self-funded

🞎 Other (please specify)……………………………………………….

Does your department/institution/funder provide conference funding?

Yes 🞎 No 🞎

Name, Location, and Date of Conference:

Are you presenting a paper at the conference? Yes 🞎 No 🞎

(Preference will be given to those presenting papers)

If you are a postgraduate student, please obtain the signature of either your supervisor or your Head of Departmental/School to confirm that your department cannot fund you or is only partly able to fund you.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If part-funding, please indicate how much: )

How much are you claiming?

€

**Total:**

Please use the space below to write anything that you wish to say in support of your claim. (You are strongly encouraged to fill in this section).