

*Societas Liturgica* Congress – Paris 2025

Scholarship Application Form

**Name**: Click or tap here to enter text.

**Country of Residence**: Click or tap here to enter text.

**Email address**: Click or tap here to enter text.

**University, Institution or Organisation**: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Membership Status**: |  | Member |
|  |  | Applicant for membership |

**Name of paper to be presented at Congress 2025**: Click or tap here to enter text.

**Name of current member supporting your application**: Click or tap here to enter text.

**Email of member supporter**: Click or tap here to enter text.

**Did you receive scholarship for Congress previously, if yes, please state which Congress(es)**:

Click or tap here to enter text.

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| **Current employment/vocation:** |  | Full-time student |
| ***Click all that apply*** |  | Teacher in higher education |
|  |  | Practitioner of liturgical arts (e.g. architect, artist etc) |
|  |  | Clergy/minister |
|  |  | Unemployed or partially employed (e.g. adjunct faculty) |
|  |  | Retired |
|  |  | Other  *Please name this other role:* Click or tap here to enter text. |

**Statement of reason why you have limited funds to attend Congress**:

Click or tap here to enter text.

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| **Application checklist**: |  | Completed application form. |
|  |  | Academic Curriculum Vitae (no more than 2 pages long.) |
|  |  | Letter of recommendation from supporting *Societas* *Liturgica* member. |
|  |  | Budget indicating expected travel and accommodation costs, no more than 1 page and including any other grants/support received and/or funding applied for. |

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| **I agree to the following**: |  | If I receive a scholarship for Congress it is my responsibility to submit original receipts for my travel costs to the treasurer for reimbursement at Congress, and that I need to keep a copy for my own records. |
|  |  | I understand that if I receive a Congress scholarship, I must provide a registered bank account number into which international funds can be deposited and that no cash transactions will be possible. |
|  |  | I agree that if I receive other funding I will declare that amount and I understand that any scholarship award from Societas may be reduced due to receipt of other such funding. |  | I agree that if I am unable to attend the Congress for any reason, I will forfeit all scholarship funds awarded for that Congress. |
|  |  | I agree that if I receive a Congress scholarship, my name will be listed in general Congress information published by *Societas* *Liturgica* in printed and electronic forms. |

**Signature**: Click or tap here to enter text.

**Date**: Click or tap here to enter text.

*All information on this form is collected for the purpose of assessing your application for scholarship funds and is not used or maintained for any other purpose.*