



Bayer International Fellowship Program

Application Form for Otto Bayer Fellowship, Carl Duisberg Fellowship, Jeff Schell Fellowship, Kurt Hansen Fellowship & Hermann Strenger Fellowship

The file size of a upload is limited to 5 MB.

Please be aware that your session will run off in case of inactivity.
Your session runs off at 4:23 PM (GMT + 2h) in case of inactivity.

Personal information

Street Address:*	<input type="text"/>
Postal code:*	<input type="text"/>
City:*	<input type="text"/>
Country:*	Please choose <input type="button" value="v"/>
Date of Birth:*	<input type="text" value="DD.MM.YYYY"/>
Telephone number:*	<input type="text"/>
Photo (passport or job application photo)*	<input type="button" value="Durchsuchen..."/> Keine Datei ausgewählt.

Your project idea

Fellowship Program:	Jeff Schell Fellowship <input type="button" value="v"/>
Subject:*	<input type="text"/>
Type & title of your project:*	Please choose <input type="button" value="v"/>
Project description:*(2000 of 2000 characters remaining)	<input type="text"/>
Motivation to implement this project:*(1000 of 1000 characters remaining)	<input type="text"/>
Impact for society or scientific progress / purpose spirit:*(1000 of 1000 characters remaining)	<input type="text"/>
Project duration	
Start:*	<input type="text" value="DD.MM.YYYY"/>
End:*	<input type="text" value="DD.MM.YYYY"/>
Desired funding period (max. 1 year)	
Start:*	<input type="text" value="DD.MM.YYYY"/>
End:*	<input type="text" value="DD.MM.YYYY"/>
Project budget	
Project costs:*	<input type="text"/>
Cost of living:*	<input type="text"/>
Travel costs:*	<input type="text"/>
Other costs:*	<input type="text"/>
Total funding request (€):	<input type="text"/>

Host institution / host university

University / Organization / Institution:*	<input type="text"/>
Faculty / Department:*	<input type="text"/>
Street Address:*	<input type="text"/>
Postal code:*	<input type="text"/>
City:*	<input type="text"/>
Country:	Belarus <input type="button" value="v"/>
Is the project already approved?*	<input type="checkbox"/>
Name of project supervisor:*	<input type="text"/>
Function and title of your supervisor:*	<input type="text"/>
Emailaddress of your supervisor:*	<input type="text"/>
Telephone number of your supervisor:*	<input type="text"/>
Have you also applied for any other support for this project?*	<input type="checkbox"/>

Your career highlights

Internship / Medical traineeship / Practical year / Vocational experience

Volunteering / Social Engagement / Hobbies

Detailed information:

Documents

Data regulation

I guarantee the accuracy of the information provided. At the same time, I undertake to immediately notify Bayer Science&Education Foundation of any change in the information provided in this application form.

Yes, I agree*

I hereby agree that the information provided by me may used for application and, if applicable, for the supervision of my scholarship.

Yes, I agree*

Thank you for your information.