



NIM Family and Women Support Program

NIM-Familien- und Frauenförderprogramm (NIM-FF)

Application for the funding of lab assistance or child care

Personal information:

Name:

NIM research group:

Work address:

Home address:

Phone:

E-mail:

Total monthly income of the household (including scholarships, grants, salary etc.):

Name(s) and birthday(s) of child(ren) (or expected day of birth):

Specification of the proposed support:

Laboratory assistance (up to 400 € per month)

OR

Child care (up to 400 € per month)

Duration of support: from _____ to _____

Specification of costs: _____

Please answer:

Specify your **scientific contributions to NIM** so far, and also give a list of all your **accepted publications** with NIM acknowledgement:

Which research results do you expect? Please specify the importance for NIM:

Date: _____ Signature: _____

Please attach your CV and a statement of your thesis supervisor.

Please note: financial support via NIM-FF can only be approved, if the funding of this proposal will lead to substantial scientific benefit for NIM!