



Application Form

Established in memory of Professor W.D. Robson-Scott, Honorary Director of the Institute of Germanic Studies from 1968 to 1973, the scholarship is awarded annually in the spring by the Institute of Modern Languages Research.

With a current value of £400, it is designed to assist postgraduate students registered for a higher degree at a university in the United Kingdom to travel abroad in connection with research bearing on the languages and literatures of the German-speaking countries, of the Netherlands, or of Scandinavia. Applicants should have been resident in the UK for a minimum of one year before applying. Awards are not made for attendance at conferences or other events, or for journeys taking place before 1 June 2018.

Applicants will be informed of the awarding panel's decision by the end of May. The panel's decision is final, and no correspondence can be entered into.

Applications should be sent to reach Jane Lewin at the Institute of Modern Languages Research, University of London, Senate House, Malet Street, London WC1E 7HU, not later than 15 April 2018.

Family name (Block capitals)		Title (Please tick one)			
First name(s)		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss

Permanent address		Term-time address	
Postcode		Postcode	
Telephone no.		Telephone no.	
Email address		Email address	
Dates during which permanent address applies		Dates during which term-time address applies	
From	to	From	to

Degree for which you are currently registered				
Degree	University	Year of study (for instance, first, second, etc)	Expected completion date	Subject area

Degrees previously awarded						
First degree (Please tick			Class	University	Year	Subject
<input type="checkbox"/> BA	<input type="checkbox"/> BSc	<input type="checkbox"/> Or:				
Other degrees						

Title of thesis/dissertation (current registration)		
Thesis/dissertation supervisors	1.	2.

Description of research in connection with which you propose to travel abroad		
Continue on a separate sheet if necessary	If a separate sheet is used, please tick here	<input type="checkbox"/>

Details of proposed travel			
Destination (or brief itinerary). Please state name of archive/library to be visited and town			
Duration of trip	days	Estimated cost	£
Departure date (month)	2018		

Other Sources of Funding Sought			
Award-granting body	Outcome (please tick)	If not, date decision expected	Value of award
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO		£
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO		£

Referees (Please give contact details for two academic referees, one of whom should be the supervisor of your thesis/dissertation)			
Name		Name	
Address		Address	
Postcode		Postcode	
Telephone no.		Telephone no.	
Email address		Email address	

Declaration (Please sign the following)	
1. I agree to abide by the conditions of any award made to me. 2. I undertake to furnish a report on the use made of any award made to me on the progress of research conducted during my journey within one month of my return. 3. Should I for any reason be prevented from embarking on the travel in connection with which any award is made to me, I undertake to refund the full amount of the award without delay.	
Signature	Date

For administrative use only	Application received on	
Acknowledged on	Referees contacted on	
Reference 1 received on	Reference 2 received on	
Applicant notified on	Payment reference	