

Recommendation for travel fund application for the HCA Spring Academy

Report for (applicant's name):

Supporter's name:

Position:

Departmental Affiliation(s):

University:

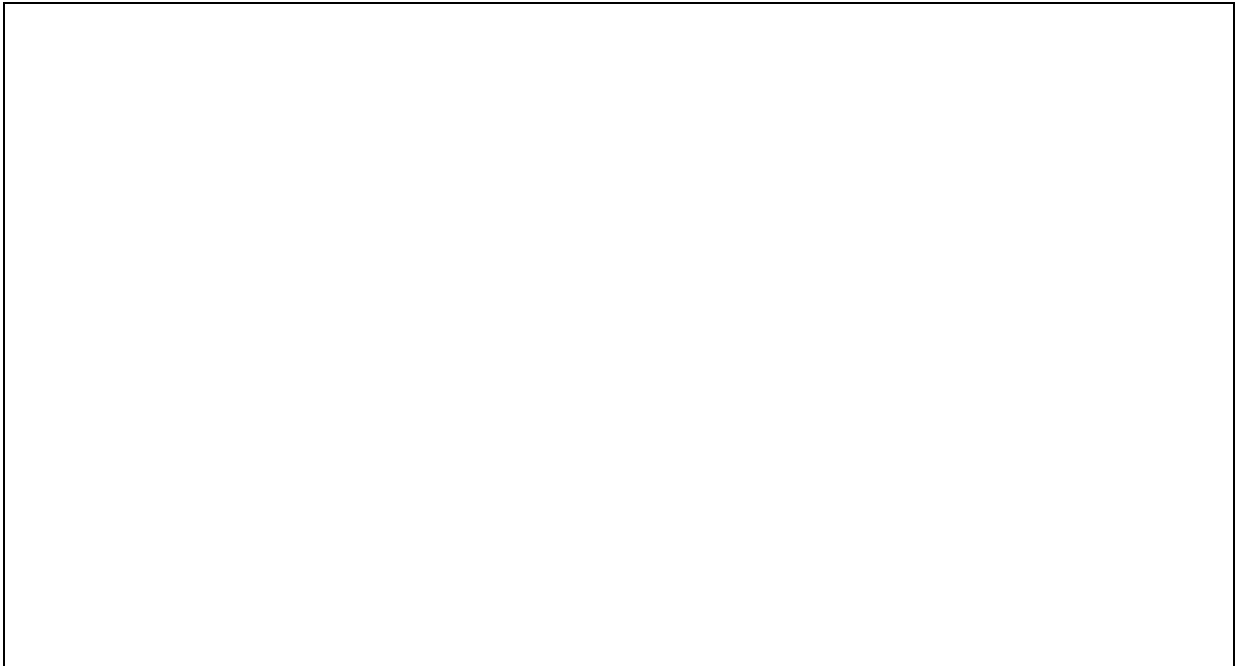
Address:

Since when and in what capacity have you known the applicant?

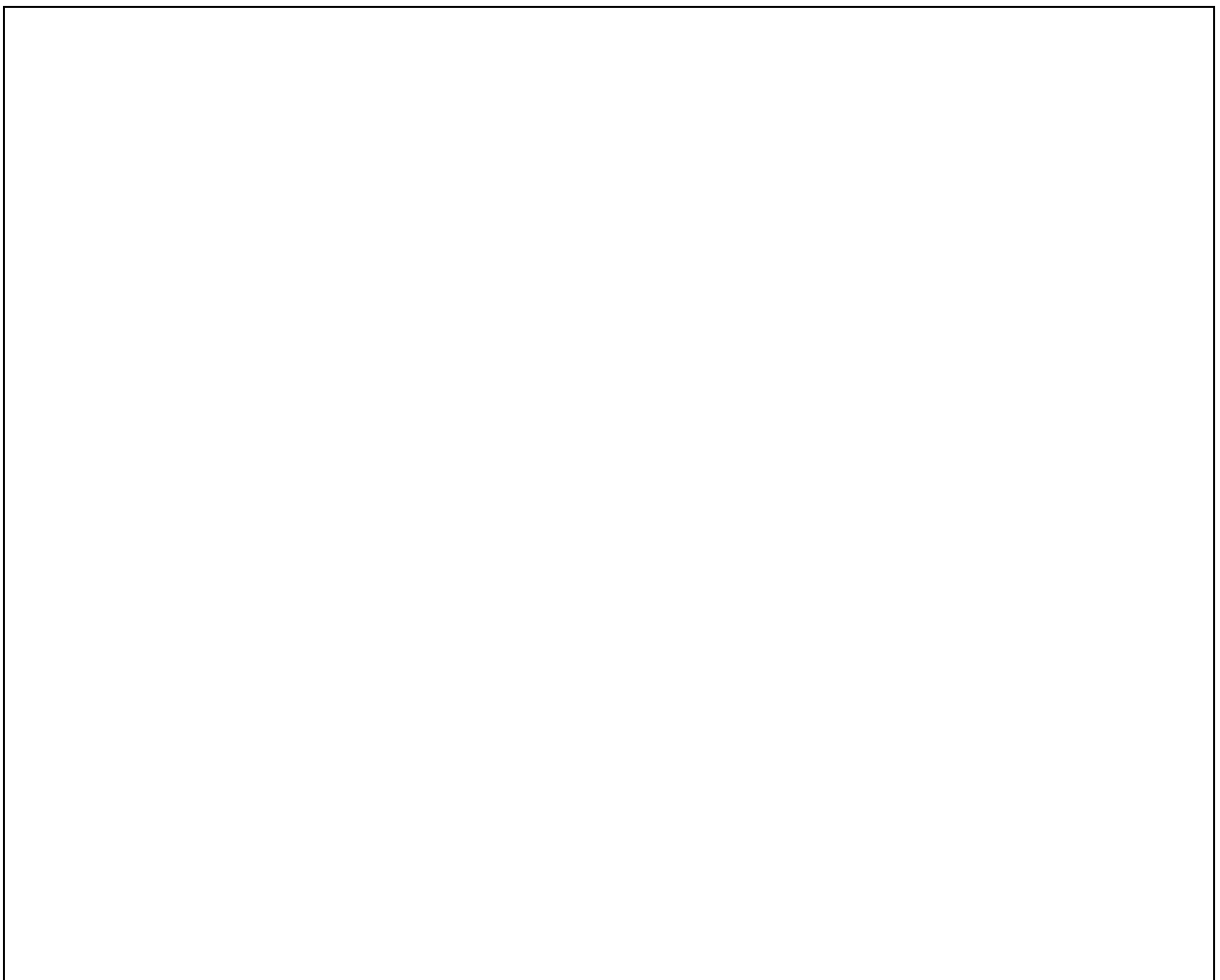
The applicant is/was among the best students/doctoral students (in %):  
5%    10%    20%    30%    no assessment possible

How does the applicant stand out in academic and personal terms and how would you assess his/her potential?

Of what significance is the aspired scholarship to the applicant's academic and professional career and/or to his/her home institution?



Additional information that could be of importance to the scholarship award decision:



Degree of approval:

Emphatic approval

approval

conditional approval

Place, Date:

Initials supporter:

Please email completed form to: [springacademy@hca.uni-heidelberg.de](mailto:springacademy@hca.uni-heidelberg.de)