**Travel grant fellowships for COMULISglobe training opportunities**

Training school: xxxxx, Date:xxxxx

**(3-4 pages long)**

**To the Training Fellowship Coordinator and the Manager of the COMULISglobe (CZI)**

Place, date: Town (Country), Day of Month of 201x

**Applicant name (First, Last):**

**Home Institution and country:**

**Contact e-mail:**

**Position/Level of study:**

**Background on current/relevant research project:**

**Please describe how you plan to implement the knowledge gained at the course in your research project/s (300 words)**

**Please describe how you plan to transfer the knowledge gained at the course in your institution/locally, nationally and/or regionally (300 words max).**

**Requested budget (*specify in detail the foreseen travel expenses and the subsistence costs)*:**

**Other expected outputs of the Travel Fellowship (*foreseen publications, future collaboration, etc.*):**