



Application Form

Applicant Information

Full Name: _____ Date: _____
First and Last Name

Email: _____

Affiliation Information

University: _____ Department: _____

Supervising Faculty Name: _____

Supervising Faculty Email: _____

Degree Level Sought – select all that apply: _____ **MA / M. Eng. / MS / PhD**

Summary

Please explain in up to 200 words why you apply to that award and why in your opinion your proposal should be chosen

Required Documentation

1. Attach the link of the ECPE event and / or PCNS conference you want to visit.
2. University affiliation documentation.
3. Attach the abstract of your thesis or paper.

In the event of a win, I agree that my name (first and last name) as well as photos and videos taken at awards events may be published on the EPCIA website, newsletters, conference brochures / programmes and social networks of EPCIA. In addition, in the case of publications on social networks, I consent to the processing of my personal data in so-called third countries (outside the EU / EEA). The consent is voluntary and can be withdrawn at any time by sending an e-mail to info@epcia.org. Further information can be found in the [Data Protection Policy](#).

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