*Appendix 1 to the Regulations for Granting Patronage of the Polish National Agency for Academic Exchange NAWA or Participation of NAWA Director in the Honorary Committee*

**APPLICATION FOR PATRONAGE OR PARTICIPATION OF NAWA DIRECTOR IN HONORARY COMMITTEE**

1. Applicant

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| --- | --- |
| Name and surname |  |
| Institution |  |
| Address |  |
| Phone |  |
| E-mail |  |

1. Application for:

 □ patronage □ Honorary Committee participation

1. Name of the undertaking:

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1. Place and date of the undertaking:

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1. Coverage of the undertaking:

□ international □ Poland-wide □ regional □ local

1. Objectives of the undertaking: *(if information about the undertaking can be found on a website, please provide the website address as well)*

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1. Who is the undertaking aimed at and what is the planned number of its participants:

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1. Sources of funding for the undertaking *(note: a patronage application* ***does not*** *simultaneously* ***serve*** *as an application for any type of NAWA funding for the undertaking*):

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1. Is there a fee to participate in the undertaking?

□ yes (the cost of........................) □ no

1. Does the applicant intend to make a financial profit from the undertaking?

□ yes □ no

1. Partners or co-organizers of the undertaking:

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1. Is the undertaking cyclical?

(if yes, please indicate whether it has been previously covered by any honorary patronage)

 yes no

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1. Have other institutions been asked to become patrons of the undertaking?

(if yes, please list these institutions)

 yes no

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1. Has the undertaking already been covered by patronage from another institution? (if yes, please list the patrons)

 yes no

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1. Justification for the application for patronage:

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1. Detailed programme, list of speakers/regulations of the undertaking (in the form of an appendix).
2. I hereby state that I have read and fully accept *the Regulations for Granting Patronage of the Polish National Agency for Academic Exchange NAWA or Participation of NAWA Director in the Honorary Committee*.
3. I certify that I am authorized to submit this application.

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 /place and date/ /signature of the applicant/