

THE NEW ZEALAND MATHEMATICAL SOCIETY (Inc.)



APPLICATION FOR FINANCIAL ASSISTANCE

Name of Applicant: _____

Postal address: _____

Email address: _____

Academic Affiliation / Current Position: _____

NZMS Status: Current member Yes / No Since (year): _____

Attached supporting information:

- Applicant statement describing the nature of the activity and the benefit of the funding
- Budget (including quotes where possible) Head of Department statement

Type of assistance sought: (circle one)

- (a) Research Grant (conference, travel, other)
- (b) Conference/Workshop Organisation
- (c) Grant from South Pacific Fund

Brief description (include details in supporting material):

Financial details:

Total estimated cost: \$ _____

Total being sought in this application: \$ _____

List any previous support of this kind that you have received from the NZMS:

Please make sure that you read the application guidelines on the following page and sign the application.

Guidelines:

Applications must be made well in advance. The funded activity must be at least one month after the application deadline, but the earlier the better. Retrospective applications will not be considered. Quarterly application deadlines are advertised on the NZMS website.

Further application guidelines can be found on the NZMS website nzmathsoc.org.nz/?assistance - you will need to scroll down the page to the *NZMS Financial Assistance* section.

Please contact the NZMS secretary in advance if you have any questions regarding your eligibility or application requirements.

Required supporting material:

- A statement (written by the applicant) outlining the nature of the activity for which funds are being sought, and the benefit of the activity to the applicant's career. This statement is expected to include conference or workshop details if applicable, including details of any presentations.
- A budget of total expected expenses (and revenues). Supporting evidence (quotes) will be required for any flights, accommodation, and registration fees that are included. NZMS grants are not intended to cover the full costs of activities. Please outline other sources of assistance sought/approved to cover the remaining cost.
- A brief statement of support from your Head of Department (or equivalent).

Applications without **all** the supporting material will be returned and not considered.

Signature: _____ Date: ____/____/____

Please email your complete application, including the required supplementary material, as a **single pdf file** to the NZMS secretary:

Dr Emily Harvey emily.harveyNZ@gmail.com