

ACP Award for Atmospheric Research

APPLICATION FORM

Name of candidate: _____ (name, surname)

Address of candidate: _____ (affiliation)
_____ (street)
_____ (town)
_____ (e-mail)

Supervisor or responsible person of proposed thesis:
_____ (name, surname)
_____ (affiliation)
_____ (street)
_____ (town)
_____ (e-mail)

Title of proposed PhD thesis:

Date of thesis defense: _____

Please submit the application form and required enclosures until **30 June** to the president of the Atmospheric Chemistry and Physics Commission (ACP):
martin.steinbacher@empa.ch

Date and signature of the applicant (young scientist or responsible supervisor)

Required enclosures:

- “Name of candidate”_ApplicationForm.pdf
- “Name of candidate”_CV.pdf
- “Name of candidate”_PhD.pdf (submitted PhD thesis)
- “Name of candidate”_SupportLetter.pdf (one-page letter of supervisor **outlining the relevance** of the proposed work)