

## Restricted Membership Grants

Need a little help? There are a limited number of grants available to apply for a discount on membership fees. Please see below for further details about eligibility and how to apply.

The maximum grant awarded per person will be **50% of standard membership fees**.

Membership grants will only be awarded to the following membership category:

- **Full membership, one year only**

Before applying for a grant, please do ensure you have tried all other sources of funding available to you, including your local institution/organisation/company.

Each application will be considered on a case -by-case basis. The discount must be applied for annually.

The limited number of grants available each year will be allocated throughout the year on a 'first come, first served basis' (assuming that the eligibility criteria have been met). It will not be possible to issue any grants once the annual allocation has run out. These grants are awarded from the EACH Scholarship Fund.

### Eligibility for membership grant applications:

#### Reduced income

If you are unable to afford EACH membership due to low income.

#### Unemployment assistance

If you are not in active employment due to your personal circumstances, e.g. for one of the following reasons:

- You are raising a family full-time or are a full-time carer.
- You are experiencing long-term unemployment.
- You are suffering a prolonged illness that prevents you from seeking employment.

#### How to apply:

Please fill out the application form below and return it to [treasurer@each.international](mailto:treasurer@each.international) and [info@each.international](mailto:info@each.international), together with:

- a covering letter explaining your motivation for joining EACH and
- a reference letter from your institution/organisation/company or a colleague who is aware of your work in healthcare communication.

Applications will be considered throughout the year at monthly Executive meetings. On receipt of your application you will be notified of when you will receive a decision.

**Restricted Membership Grant application**

<b>APPLICATION FORM</b>			
<b>Name:</b>		<b>Date:</b>	
<b>Email Address:</b>			
<b>Address:</b>			
<b>Town:</b>			
<b>Country:</b>		<b>Post/Zip Code:</b>	
<b>REDUCED INCOME</b>			
<b>Only fill out this section if applying for this type of grant</b>			
<b>Reason for applying:</b>			
<b>Declaration:</b>	I hereby declare that my annual income is less than £10,000 (or its equivalent in local currency). I confirm that I have tried all other sources of funding available to me to cover the cost of this membership.		
<b>Signature:</b>			
<b>UNEMPLOYMENT ASSISTANCE</b>			
<b>Only fill out this section if applying for this type of grant</b>			
<b>Reason for applying:</b>			
<b>Declaration:</b>	I hereby declare that my income is less than £5,000 (or its equivalent in local currency). I confirm that I have tried all other sources of funding available to me to cover the cost of this membership.		
<b>Signature:</b>			

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