**Grace Chisholm Young Fellowship Grants**

**FINANCIAL AND ACADEMIC REPORT FORM**

**This form must be completed and returned by no later than one month after the Fellowship ends to:**

Katy Henderson, Council and Society Officer, London Mathematical Society**,** De Morgan House, 57-58 Russell Square, London WC1B 4HS.

|  |  |  |
| --- | --- | --- |
| Reference number: |  | |
| **Grant holder’s name:** |  | |
| **Grant holder’s institution:** |  | |
| **Conditions:** | The grant shall be used for the purposes stated in the application. | |
| **Financial Report** | | |
|  | | **Amount £** |
| **INCOME** | |  |
| **LMS Grant:** | | **£** |
| **EXPENDITURE (Please give a breakdown of the expenses the grant covered)** | |  |
| **From the LMS Grant** | |
| Total | | £ |
| **Academic Report:**  Your report should:   1. provide an outline of the research you undertook during the Fellowship; 2. give an overview of any other academic and non-academic activities you participated in during the Fellowship; 3. include a comment on the value of the Fellowship to you; 4. give an indication of any future plans beyond the end of the Fellowship. | | |
|  | | |
|  | | |
| **Signature of Grant holder:** | | |
| **Email address:** | | |
| Personal data provided on this form may be held and processed on the Society’s computer. A summary of the Society’s data protection policy, including the rights of subjects upon whom data is held, is obtainable from the Administrator of the Grace Chisholm Young Fellowship Scheme (womeninmaths@lms.ac.uk). | | |