

**Fellowship Program Regulations**

August 2023

1. Scope and Goals

This program is designed to support IXPs financially, with a goal to maintain and increase the Euro-IX membership. The program aims to support any IXP who cannot afford all the expenses to attend a Euro-IX forum or to pay for membership. All Euro-IX forums will run a Fellowship Program, if there is sufficient funding available.

2. Resources

Resources needed to fulfill the goals will come from come from donations to the IXP Support Program. This is done on a voluntary basis and will be managed by Euro-IX.

3. Request for participation in the program

Any IXP interested in applying for the fellowship should complete the Fellowship Program Funding Request Form. The request should be sent to the Euro-IX Secretariat and should be submitted at least 4 weeks before the forum.

4. Participating in the Fellowship Program

(a) Any IXP interested in applying for the fellowship, should fill in the Fellowship Program Funding Request Form (below).

(b) The request should be sent to the Euro-IX Secretariat (secretariat@euro-ix.net) and should be submitted at least 4 weeks before the forum.

(c) Applicants may also apply for the Mentor-IX program.

(d) Any IXP who was the beneficiary of a fellowship program is expected to maintain its membership for at least one full calendar year following its fellowship grant.

(e) Any IXP who was the beneficiary of a fellowship program may only apply again after a two-year interval.

(f) Any Euro-IX member may apply for the fellowship only once for every calendar year.

(g) Fellowship applicants may also take part in the Mentor-IX program, which offers various consultancy programs that may be of interest.

5. Call for Donations

The secretariat will make the Donation Application available to members and to other organisations at least 2 months before each Euro-IX forum.

6. Funding List
The Euro-IX Secretariat, will maintain a Yearly Funding List stating detailed information about members who were granted a fellowship, the amount of the funds distributed to those members along with the reasons for selection of those members.

7. Paperwork
The Euro-IX secretariat will keep a record of all donations and fellowship applicants. This document will be maintained by the Euro-IX secretariat and shared with the Euro-IX Board, donor members and other donor organisations during the next month following a Euro-IX forum, for full feedback information concerning the program operation.

8. Funding Rules

a) A donor, either Euro-IX member or other organisation, may choose to direct its donations towards specific members, either named specifically or categorised according to various criteria. Donations not mentioning specific directions will be directed to the common fellowship budget and will be used according to Euro-IX’s discretion.

b) Donors may transfer the funds once they receive an invoice.

c) Each fellowship applicant will be reimbursed no later than one month after each Euro-IX forum with the funds they agreed upon with the Secretariat.

 **Fellowship Program
Requesting Member Form**

**1. General Information**

Organisation Name:

Euro-IX Membership Type:

🞏 Standard

🞏 Associate

🞏 Remote­

🞏 Not Applicable

City:

Country:

**2. Funding Information**

Please state the reasons for funding request and why we should pick you for the forum Fellowship:

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Estimate funding required (please state in EUR currency):

Flights: ...................................................................................................................................................................................................................

Other transport: ............................................................................................................................................................................................

Miscellaneous costs i.e. VISA costs (please state):

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**3. VISA Information**

Do you require a VISA to attend the forum:

🞏 Yes

🞏 No

If YES, please state:

Passport number: .......................................................................................................................................................................................................

Passport issuing city and country: .............................................................................................................................................................

Nationality: .........................................................................................................................................................................................................................

Passport start date and end date: ...............................................................................................................................................................

Please attach a coloured copy of your passport to the application to facilitate a visa letter.

**3. Bank Information for Reimbursement**

IBAN:

BIC:

Bank Name and Address:

**Fellowship Policy**

🞏 I hereby certify that I am the owner/legal representative of the above organisation and that all the information given on this application is true and correct.

🞏 I understand and agree to a one-year Euro-IX Remote Membership (if not already a member) after successful attendance to the Forum. The above organisation agrees with the Articles of Association

🞏 If accepted, I understand that my organisation as a beneficiary of the Fellowship, will only be eligible to re-apply after a minimum interval of 2-years.

Name of Signatory:

Location:

Title of Signatory:

Date:

Signature:

**Fellowship Program
FUNDING Member Form**

**1. General Information**

Organisation Name:

Euro-IX Membership Type:

🞏 Standard

🞏 Associate

🞏 Remote­

🞏 Not Applicable

City:

Country:

**2. Funding Information**

I wish to fund Euro-IX Fellowship Program with the amount of:

EUR

If you wish to direct the funds to a named IXP, please specify below:

IXP Name:

Amount(s):

1/

EUR

2/

EUR

3/

EUR

4/

EUR

5/

EUR

I hereby certify that I am the owner/legal representative of the above organization and that all the information given on this application is true and correct.

Name of Signatory:

Location:

Title of Signatory:

Date:

Signature:

Location, Date: