

**Call for applications: ÖGP COVID-19 stipend**  
To all ÖGP members

Klagenfurt, March 28th, 2022

Dear Colleagues,

The COVID-19 pandemic and the associated measures are still challenging for many of us, including restrictions in everyday life (need for home office, childcare at home, ...), distance learning, and delay or standstill of research projects. For young researchers, in particular, this may have a negative impact on their career and the achievement of individual qualification goals.

The ÖGP has therefore decided to, once again, grant funds of 5000 Euro in total to support early career scientists. The stipends are aimed at early career scientists of the ÖGP (JuWis; PhDs and Post-Docs up to six years after their PhD). Those funds are intended to compensate for difficulties and delays in research that were caused by the COVID-19 pandemic and its associated measures and restrictions. The exact amount of funding granted per person will be determined according to the total number of applied stipends.

To apply, please send us an e-mail with the completed funding application form (see attachment) to [juwis@oegps.at](mailto:juwis@oegps.at) until **01.05.2022**.

General requirements:

1. ÖGP membership (full or associated membership)
2. Status as early career scientist (PhDs and PostDocs up to six years after their PhD)
3. Temporary working contract (or without current employment) at the university

If the number of applications exceeds the number of funds that can be granted, funds will be ranked based on the following criteria:

1. Current stage in career (PhD students will be ranked above Postdocs)
2. Need for support (support for finishing projects or studies will be ranked above other support such as conference or publication costs)
3. Remaining contract duration (unemployed applicants will be ranked first and shorter contract durations will be ranked above longer contract durations)
4. Additional grants / scholarships or other additional sources of income (persons without additional grants / scholarships or income will be ranked above persons who already received additional grants / scholarships or have an additional source of income)

Therefore, please make the reasons for your application as transparent and comprehensible as possible<sup>1</sup>.

With collegial greetings,  
The ÖGP managing board and the representatives of the ÖGP JuWis

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<sup>1</sup> There is no legal entitlement to receive funds from the ÖGP COVID-19 fund.

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## Proposal: ÖGP COVID-19 stipend

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Head of Research Unit: \_\_\_\_\_

Supervisor / Mentor: \_\_\_\_\_

Status:  PhD-student  PostDoc

For PostDocs: Date of graduation: \_\_\_\_\_

Type of contract:  temporary  not employed at a university

If 'temporary': end of the contract period: \_\_\_\_\_

If 'not employed at a University':

Are you employed at another, non-university institution with at least 20h per week?

Yes  No

If 'Yes', to which extent and where? \_\_\_\_\_

\_\_\_\_\_

Regarding the COVID-19 pandemic, has there been other funding granted (or requested)? If yes, which funding was applied for, for what monetary amount, and what is the current status (granted / requested / declined)?

Funding requested:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark the COVID-19 related constraints you have experienced and specify them in the following text field:

**Temporal restrictions due to the need to take care of others** (e.g. children in school, care of relatives, ...)

**Research** (e.g. laboratory closures, loss of participants, ...)

**Others** (e.g. increased teaching workload, troubling working environment, ...)

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Please specify here how the COVID-19 related constraints have caused delays in your research process and their negative impact on your own career or your achievement of individual qualification goals (max. 250 words).

**Planned use of funds:**

|       | Purpose | Amount |
|-------|---------|--------|
| 1)    |         |        |
| 2)    |         |        |
| 3)    |         |        |
| ...   |         |        |
| Total |         |        |

With this signature I confirm that the information that I have provided is correct:

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Date, Signature of the applicant