



2019 Research Grant

APPLICATION FORM

Applications must be received by March 1, 2019, 11:59 pm PDT

Please send applications by e-mail to:

info@lymphoma.ca



Grant Application Form

Applicant Information

CONTACT INFORMATION

Last Name		First					
Street Address				Apt./Unit #			
City		Province / State		Country		Post/ZIP code	
Phone			E-mail				

ACADEMIC AFFILIATION

Position	
Department	
Faculty/School	
Institution	

OTHER RESEARCH FUNDS

--

The undersigned agrees that the general conditions, as set out by the Lymphoma Canada Research Grant Guidelines, apply to any grant made pursuant to this application and are hereby accepted by the applicant and the institution which employs the applicant.

_____	_____
Signature	Date



Project Information

PROJECT SUMMARY	
Title of project	
Lay abstract	
Scientific abstract	



PROJECT PROPOSAL

Background (max 1 page)



Description of proposed research (max 1 page)



Detailed Budget (max 1 page)

Blank area for the Detailed Budget.

