



## **2019 Research Grant**

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### **APPLICATION FORM**

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

Please send applications by e-mail to:

**[info@lymphoma.ca](mailto: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

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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**

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Description of proposed research (max 1 page)



Detailed Budget (max 1 page)

