



2020 Research Grant

APPLICATION FORM

Applications must be received by April 17, 2020, 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							
<p>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.</p>							
_____ 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)

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Detailed Budget (max 1 page)

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