



## **2021 Research Grant**

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### **APPLICATION FORM**

**Applications must be received by April 23, 2021, 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							
<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)

A large, empty rectangular box intended for the applicant to describe their proposed research. The box is bounded by a thin black line and occupies most of the page's vertical space.



Detailed Budget (max 1 page)