



## **2025 Research Grant**

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### **APPLICATION FORM**

**Applications must be received by April 15, 2025, 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							
<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>							
<p>_____</p> <p>Signature</p>				<p>_____</p> <p>Date</p>			
CO PI CONTACT INFORMATION							
Last Name				First			
Street Address						Apt./Unit #	
City		Province/State		Country		Post/ZIP code	
Phone			E-mail				
CO PI ACADEMIC AFFILIATION							
Position							

Department	
Faculty/School	
Institution	

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.

\_\_\_\_\_  
Co-PI Signature

\_\_\_\_\_  
Date

#### OTHER RESEARCH FUNDS

## Project Information

PROJECT SUMMARY	
Title of project	
Lay abstract	
Scientific abstract	

## PROJECT PROPOSAL

### a. Background (max 1 page)

**b. Description of proposed research** (endpoints) and timelines for completion **(max 1 page)**

**c. Detailed Budget (max 1 page).** Please refer to the guideline for funds ineligible for grant support.