Hematology Research Grant

Application for support to the Jacques and Gloria Gossweiler Foundation

Basic data

Type of Application	☐ first application or	□ prolongation	
Applicant Surname/First Name Address:			
Principal investigator of research project:			
Head of institution (ensuring the financial, material and personal resources):			
Institution Street / No. Zip code / City Phone / e-Mail			
Beginning of project:			
Length of project:			
Other financial sources (including amount in curr.)			
Name of research project:			
I hereby certify the accuracy of a	all information in this applica	tion (including enclosures).	
Place, Date	Signature(s)		_

Please send the application to info@jggf.ch or Jacques & Gloria Gossweiler Foundation, Taubenstrasse 8, Postfach, CH-3001 Berne

Budget form

Currency:

	Year 1	Year 2	Year 3	Year 4
Personnel (Salaries other than principle researcher's salary)				
Expenses for				
 Research material (e.g. hardware /software etc.) for development of research material 				
Patient related costs (compensation and travel of patients)				
Travel (researchers attending conferences)				
Overhead				
Other costs				
Total				