



Vision Grant 2021 Application Cover

DATE:

PROJECT TITLE:

SPECIFIC AMOUNT REQUESTED (UP TO \$20,000 USD equivalent/\$30,000 USD equivalent for HELLP syndrome):

Name of Applicant:

Degree:

Current Address:

Telephone Number:

Fax Number:

E-mail address:

Applicant is a:

Post-doctoral fellow

Medical Fellow

Early Stage Investigator

Sponsor Name:

Sponsor Address:

Sponsor Telephone Number:

Sponsor Fax Number:

Sponsor e-mail address:

Checks made payable to:

Institution:

Financial Officer:

Address:

Telephone Number:

Checklist of items to submit by July 28, 2021

Completed application

Letter of Support (One page letter of support from Mentor, Sponsor, or academic colleague who is familiar with your past work and the proposed project)

Statements (page 16 from Specific Instructions)

Biohazards Statement

Human Investigation Statement

Laboratory Animals Statement

Signature page (page 17 from Specific Instructions)

Appendices (page 18 from Specific Instructions)

Applicant's Curriculum Vitae

Mentor/Sponsor Curriculum Vitae

Applicant's "Letter to a Patient"