



2025 Research Grant

APPLICATION FORM

Applications must be received by April 15, 2025, 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							
<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			
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)

Empty text area for the project proposal background section.



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.

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