



Vision Grant 2019 Application Cover

DATE: [Click here to enter text.](#)

PROJECT TITLE: [Click here to enter text.](#)

SPECIFIC AMOUNT REQUESTED (UP TO \$20,000): [Click here to enter text.](#)

Name of Applicant: [Click here to enter text.](#)

Degree: [Click here to enter text.](#)

Current Address: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

E-mail address: [Click here to enter text.](#)

Applicant is a:

Post-doctoral fellow

Medical Fellow

Early Stage investigator

Sponsor Name: [Click here to enter text.](#)

Sponsor Address: [Click here to enter text.](#)

Sponsor Telephone Number: [Click here to enter text.](#)

Sponsor Fax Number: [Click here to enter text.](#)

Sponsor e-mail address: [Click here to enter text.](#)

Checks made payable to:

Institution: [Click here to enter text.](#)

Financial Officer: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

Checklist of items to submit by May 10, 2019

- 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"