Macintosh HD:Users:Alicia-TCLLF:Desktop:TCLL Logos & Pics:New Logo Files:tcllf_logo-12.eps

**APPLICATION FOR TCLLF’s RESEARCH GRANT**

**Read the eligibility requirements and guidelines carefully before answering all questions.** Fill in the shaded fields. Use the TAB key on the keyboard or your mouse to move between fields. DO NOT type beyond the available space. DO NOT modify the form’s original format. Modified forms will not be accepted.

**1. APPLICANT** Your most reliable email address:

Your title:  Your surname:

Gender:  Your given name(s):

Your name as it appears on your scientific publications:

Date of birth:    /    /      (MM/DD/YYYY) Country of citizenship:

Your most advanced academic degree (e.g., PhD, MD, etc.):

Date of graduation from US fellowship program or PhD program:    /    /      (DD/MM/YYYY)

**2. RESEARCH PROJECT** in Research Area:

|  |
| --- |
| Title of your project: |
| Short summary of project: |
| Estimated budget of your project: USD       (USD 50,000 max) |

**Print** this first page. It must be signed by the Applicant and signed by the Head of the Institution. **Send** a scanned version of the signed first page **together** with the filled in application form to [grants@tcellforum.com](mailto:grants@tcellforum.com). Please **keep** the paper version of the first page, to be sent to TCLLF **upon request.**

**3. SIGNATURES**

To manage your information, we must first gather it in TCLLF’s database. By signing this application you agree to your details being stored.

Applicant’s signature: Date:

**I, the Head of this Institution, declare:**

* *that the above named Applicant is attached to this institution*
* *that the Institution supports this Application and will make its resources available*

*to the Applicant for the duration of the project if he/she receives a TCLLF grant;*

* *that I have read this Application in its entirety.*

Head of Institution’s signature: Date:

Name, title and official position:

(*please type)*

**4. CONTACT INFORMATION**

**4.1 The Institution that will administer your TCLLF grant (must be in the United States)**

|  |  |
| --- | --- |
| Department: |  |
| Faculty: |  |
| University/Institution: |  |
| Full postal address: |  |
| Your e-mail address at this institution if different from the email given earlier: |  |
| Web address of institution: |  |

**4.2 If you will be carrying out your research at an Institution or location different from the one mentioned**

**in 4.1, provide details in the space below (this must also be in the United States)**

|  |  |
| --- | --- |
| Department: |  |
| Faculty: |  |
| University/Institution |  |
| Full postal address: |  |
| Your e-mail address at this Institution if different from the e-mail given earlier: |  |
| The purpose of your stay here: |  |
| When is this address valid: |  |
| Web address of institution: |  |
| Further remarks: |  |

**4.3 If you will be spending time during the planning, implementation and completion stages of your**

**TCLLF project at any additional academic institution, provide details:**

|  |  |
| --- | --- |
| Department: |  |
| Faculty: |  |
| University/Institution |  |
| Full postal address: |  |
| Your e-mail address at this Institution if different from the e-mail given earlier: |  |
| The purpose of your stay here: |  |
| When is this address valid: |  |
| Web address of institution: |  |
| Further remarks: |  |

**5. YOUR EDUCATION**

**5.1 List your academic degrees (start with the most recent degree)**

**Latest degree:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start | Finish | Name and country of educational establishments | Indicate degree obtained and subject studied. |
| MM/YYYY | MM/YYYY |  | Degree:  Subject of your degree: |
| **/** | **/** |

**Older degree:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start | Finish | Name and country of educational establishments | Indicate degree obtained and subject studied. |
| MM/YYYY | MM/YYYY |  | Degree:  Subject of your degree: |
| **/** | **/** |

**Older degree:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start | Finish | Name and country of educational establishments | Indicate degree obtained and subject studied. |
| MM/YYYY | MM/YYYY |  | Degree:  Subject of degree: |
| **/** | **/** |

**5.2 Other degree not equivalent to any of the above**

|  |  |  |
| --- | --- | --- |
| **/** |  | Degree:  Subject of degree: |

**5.3 Other studies and training courses**

|  |  |  |  |
| --- | --- | --- | --- |
| Year  (YYYY) | Duration  (in weeks) | Place | Topic |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**6. EMPLOYMENT**

**6.1 Your present position**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employing organization/ Institutional affiliation: |  | | | |
| Your position: |  | | | |
| Starting date: | **/** **/** **(**DD/MM/YYYY) | | Permanent:  Temporary: | /      (end date MM/YYYY) |
| Your research areas and responsibilities: |  | | | |
| Name of present supervisor: |  | | | |
| During the period of TCLLF grant funding, how would you distribute your time: | Research:  Teaching:  Administration:  Clinical Care: | **%**  **%**  **%**  **%** | | |

**6.2 Your previous positions**

|  |  |  |  |
| --- | --- | --- | --- |
| Start  (MM/YYYY) | Finish  (MM/YYYY) | Your position and name of employing organization | Research areas and responsibilities |
| **/** | **/** |  |  |
| **/** | **/** |  |  |
| **/** | **/** |  |  |

**7. YOUR RESEARCH WORK TO DATE**

**7.1 Provide full details of your own publications. Group them as journal publications (including manuscripts in**

**preparation), conference papers, posters, reports and degree theses. Start with the most recent ones for each group.**

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**7.2 Summarize your research experience demonstrating your scientific competence, relevant to the proposed research.**

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**7.3 Describe ongoing research at your Institution focusing on the capacities (e.g., skills, experience and capacities of**

**your colleagues) which you could call upon for your project.**

|  |
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**7.4 Already established scientific contacts:** Name, position, field of specialization, institutional affiliation, e-mail address

|  |
| --- |
|  |

**7.5 Additional scientific contacts you would like to establish:** Name, position, field of specialization, institutional affiliation,

e-mail address.

|  |
| --- |
|  |

**8. PROPOSED RESEARCH PROJECT**

**8.1 What is/are the problem(s) your research project seeks to address?**

Provide a background and justification for your research. Formulate your problem statement(s), citing references.

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| --- |
|  |

**8.2 What is the current state of scientific knowledge that your research is building on (globally as well as locally)?**

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**8.3 Publications/literature quoted in sections 8.1 and 8.2 (provide full details of references)**

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| --- |
|  |

**8.4 State the research objective(s) of the project**

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**8.5 State your scientific hypotheses or research question(s)**

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**8.6 State the expected outcomes of the project. How will your research results be relevant to advancing T-cell**

**lymphoma science and treatment? Might your research results be put into use, and if so, how?**

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**8.7 Research design and data analysis**

Applicants are strongly advised to contact a statistician/biometrician Have you contacted an

during the planning stage of the project to ensure the project design expert in statistical

permits appropriate statistical analysis and reliable interpretation of analysis?

the data generated.

If yes, Name and Institution:

**8.8 Describe your project design, making reference to the literature from which you take your methodologies for**

**experimental design, sample collection and data analysis, or for qualitative research and case-study approaches.**

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**8.9 Your research plan**

Describe clearly the general structure and organization of your research approach, including the following: specific details of groups, categories, individuals, organisms or compounds to be studied**,** description of the study site(s), experimental details and/or sampling design and methodologies used for data analysis and interpretation.

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**Your research plan (continued)**

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|  |

**Your research plan (continued)**

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**9. FACILITIES AND FUNDING**

**9.1 List facilities available at your Institution relevant to your research.**

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| --- |
|  |

**9.2 List any other funds for your project that you or your Institution have obtained or applied for.**

|  |  |  |
| --- | --- | --- |
| **Donor** | **Time Frame** | **Amount (USD)** |
|  |  |  |
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**9.3 If you have co-funding for your research, please give details of why TCLLF support is needed to complement your**

**other support.**

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**10. ESTIMATED BUDGET in USD**

List cost estimated for your project and explain the necessity of all major items relevant to the research plan.

**10.1 Equipment** (Specify each item)

**Cost in USD**

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| --- | --- |
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|  |  |
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|  |  |
|  |  |
| Estimated freight charges, insurance, tax for items to be imported: |  |
| Subtotal |  |

**10.2 Expendable supplies** (list categories of, and provide details on, significant items)

**Cost in USD**

|  |  |
| --- | --- |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
| Estimated freight charges, insurance, tax for items to be imported: |  |
| Subtotal |  |

**10.3 Personnel Time/Salaries**

**Cost in USD**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Subtotal |  |

**10.4 Other costs** (provide details)

**Cost in USD**

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| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Subtotal |  |

|  |
| --- |
| **TOTAL PROJECT BUDGET (USD):** |

**NOTE: Maximum budget request is USD $50,000**

**$25,000/year for two (2) consecutive years**

**Please note that institutional overheads/charges may not exceed 10%**

**HOW TO SUBMIT YOUR APPLICATION**

1. Please carefully read the *TCLLF Research Grant Application Eligibility Requirements and Guidelines* for specific submission instructions
2. Save your completed application form as a PDF document

1. Scan, save and attach a PDF version of the signed first page (See guidelines for more information)
2. Once a call for applications is open—send the complete application (PDF document), a scanned PDF copy of the signed first page, and a copy of your CV along with three (3) letters of recommendation (one must be from your current Division/Department Chair) to: [grants@tcellforum.com](mailto:grants@tcellforum.com)