**Dr. JOSEF STEINER CANCER RESEARCH AWARD**

**2015**

APPLICATION FORM

**Name of applicant :**

**Date and place of birth :**

**Citizenship :**

**Professional affiliation :**

**Current position** (duration) **:**

**Professional address :**

**Phone and Fax :**

**E-mail :**

**Home address :**

**Title of The Proposed Research Project:**

**Summary of The Proposed Research Project:**

**Budget Summary:**

Total amount requested for 4 Years (max. CHF 1’000’000.-):

1st Year: 2nd Year: 3rd Year 4th Year:

Salaries:

Equipment:

Operating Costs:

Date: Signature of Applicant:

Signature of Department Head:

**Outline of The Proposed Research Project** (Max. 3 Pages, including references)**:**

**Current Funding:** (sources and durations)

**Available Infrastructure:**

**Available Personnel:**

**Budget:**

**Name and Address of Two References:**

**1st Reference:**

**2nd Reference:**

**Enclosures:**

🞏 Curriculum vitae

🞏 List of Publications

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