

## Deutsche Leberstiftung – Leave Grant 2018

Application Form

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### Applicant

Last name \_\_\_\_\_

First name \_\_\_\_\_ Title \_\_\_\_\_

Date of birth \_\_\_\_\_

Research facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Project

Project title  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Planning in collaboration with:  
\_\_\_\_\_

\_\_\_\_\_

Requested duration of funding (3 months max) \_\_\_\_\_

Requested amount of funding (€ 20,000/recipient max) \_\_\_\_\_

\_\_\_\_\_

Place, date

\_\_\_\_\_

Signature