Leif Groop Young Scientists Award application

Name	Title	Year of birth
Department	Address	
Degree/Examination	Year of planned dissertation	

Title of the project	**Ethical permit obtained** **Yes** ☐ **No** ☐
Summary (presented as aim, work plan, significance maximum 200 words)	
Other grants obtained	

City _____ **Date** _____ **Signature** _____

Submit application to: Ulrika Blom-Nilsson, Ulrika.blom-nilsson@med.lu.se by 23.59 on December 1st.