LUDC Young Career Network student grant
Application form

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

Title of the project	**Ethical permit obtained** **Yes** ☐ **No** ☐
Summary (presented as aim, work plan, significance maximum 200 words)	
Other grants obtained	
I am applying for the new LUDC-ECN -grant for Type 1 diabetes ☐	

City **Date** **Signature**

Submit application to: Ulrika Blom-Nilsson, Ulrika.blom-nilsson@med.lu.se by 23.59 on January 12 2026.