sitem School Application Form
Scholarship Award - sitem School for Translational Medicine and Biomedical Entrepreneurship

CONTACT INFORMATION

Name of your institution

Address of your institution

Website
Social Media

First name
Last name

Phone number
Email

PROJECT INFORMATION

Project title

Project description (Abstract)
What is your project about?
What is the purpose of your project?
What is your focus and your specific goal?
(800 characters)

Project team
Who is behind the project?
What are your backgrounds and what expertise do you contribute?
(600 characters)

Clinical impact & unmet user need
What are the clinical and personal benefits for people with a disorder or disease in your chosen medical field?
(600 characters)
Unique selling proposition
How does your approach/solution differ?
What makes you unique?
What existing methods are you comparing your approach with?
(400 characters)

Project duration
Please provide timelines for your entire project and individual milestones.
(400 characters)

Required support
What kind of resources do you need?
Please specify below.

Third party support
Are you already receiving or applying for funding/support from third parties?
If applicable, please specify.

Supporting institution
Type of support received/requested (grant, service, other)
Amount received/requested (please include currency)

Preliminary results, current status and future potential
Please provide preliminary data, estimate the feasibility of your project and give an overview of future prospects.
(400 characters)

Intellectual property
Did you submit one or more patent applications? Was a patent search performed?
Please describe.
(400 characters)