

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 bene-
fits 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 existings 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.*

Services

Facilities

Funding

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)*