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| *2024 APPLICATION FORM*  **DR ANDREW R BELCH MEET GRANT** **FOR YOUNG MYELOMA INVESTIGATORS** |

Please complete this MEET Grant Application Form and email it to [andrewbelchgrant@myeloma.ca](mailto:andrewbelchgrant@myeloma.ca), along with the following supporting documents:

* curriculum vitae (CV) with the applicant’s current position, institution, degrees, and affiliations;
* copy of the submitted/approved abstract;
* proof that the abstract was selected for an oral or poster presentation *(when available)*.

Applicants may apply for multiple MEET grants for multiple projects, however only one MEET Grant will be awarded per applicant. MEET grants cannot be deferred and are non-transferable.

***Terms & Conditions:*** *Myeloma Canada reserves the right to publicize and report on MEET Grant recipients and their abstract on Myeloma Canada’s websites and social media platforms, within Myeloma Canada publications (i.e., Myeloma Matters email newsletter, Year in Review, Impact Report), news and media releases, and in any other general public announcement. MEET Grant recipients must agree to: cite support from Myeloma Canada in any publication resulting from the research conducted during the grant period; collaborate with Myeloma Canada on public marketing and communication initiatives.*

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| **Family name:** | Family name | | **Given name(s):** | | Given name(s) | |
| **Date of birth:** | YYYY-MM-DD | | | | | |
| **Address:** | Civic number, street name, suite/apartment number | | | | | |
|  | City | Province/State | | | | Postal/ZIP Code |
| **Phone number(s):** | Main (day) | Mobile | | | | Evenings/other |
| **Institution name and address:** | Institution name | | | | | |
| Civic number, street name, suite/office number | | | | | |
|  | City | Province/State | | | | Postal/ZIP Code |
| **Project/abstract:** | **Title of project/abstract** | | | | | |
| **Conference(s) submitted to:** | Conference(s)/meeting(s) that the abstract was submitted to | | | | | |
| **Supervisor(s) or investigator(s):** | **Name(s):**  Name 1 | | | **Affiliation(s):**  Affiliation 1 | | |
| Name 2 | | | Affiliation 1 | | |
| **Impact statement (250 words max):** | Impact statement and next steps | | | | | |