

**Worshipful Society of Apothecaries
Friends of the Collections
Historical Collections Research Grant**

APPLICATION FORM

| A. CONTACT DETAILS | |
|---|--|
| Name: | |
| Address: | |
| E-mail: | |
| University or College (if applicable): | |

Please also supply:

- A brief CV (maximum 2 sides A4)
- The name and contact details of a referee (this can include an academic supervisor).

| | |
|-------------|--|
| Name | |
| Position | |
| Department | |
| Institution | |
| e-mail | |

Please ask your referee to email the reference to {add email address}
Applications will only be considered once a reference is submitted. It is the applicant's responsibility to ensure submission of a reference.

| B. RESEARCH DETAILS | |
|---|--|
| Research project title: | |
| Please summarise the purpose of your research (300 words) | |

| | |
|---|--|
| | |
| What material within the Society's collections do you intend to use, and what is its potential value to your research project? (300 words) | |
| Have you applied for any other sources of funding? | |
| Where did you find out about the grant scheme? | |

C. EXPENDITURE

Please provide a proposed breakdown of how you would spend the grant

| Items/activities | Approximate expenditure (£) |
|------------------|-----------------------------|
| | |

Declaration:

| |
|--|
| <p>If successful, I agree:</p> <ul style="list-style-type: none"> - to submit a report within 6 months of project completion, including details of any publication outcomes and/or next stages of research. - To acknowledge funding received from the Friends of the Collections in any publications or outputs that result from the grant. |
| Signed: |
| Date: |

This form is to be completed and sent to: friends@apothecaries.org