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

## **APPLICATION FORM**

A. CONTAC	T DETA	AILS
Name:		
Address:		
D 11.		
E-mail:		
University or College		
(if applicable):		
,		
<b>5</b> 1 1		
Please also su		O sidos AA)
- A brief CV (maxir		
supervisor).		ontact details of a referee (this can include an academic
Supervis	01).	
Name		
Position		
Department		
Institution		
e-mail		
D1 1	C	4
•		to email the reference to {add email address}
		be considered once a reference is submitted. It is the lity to ensure submission of a reference.
applicant's res	ponsion	ty to chaute submission of a reference.
B. RESEAR	CH DETA	AILS
Research project title:		
Please summarise the		
purpose of your		
research (300 words)		
	ļ	

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:				
<ul> <li>If successful, I agree: <ul> <li>to submit a report within 6 months of project completion, including details of any publication outcomes and/or next stages of research.</li> <li>To acknowledge funding received from the Friends of the Collections in any publications or outputs that result from the grant.</li> </ul> </li> </ul>				
Signed:				
Date:				

This form is to be completed and sent to: <a href="mailto:friends@apothecaries.org">friends@apothecaries.org</a>