



Schweizerische Hypertonie Gesellschaft  
Société Suisse d'Hypertension  
Società Svizzera d'Ipertensione  
Swiss Society of Hypertension

## Application Form

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### The Swiss Society of Hypertension Scholarship Sponsored by an extramural grant of AstraZeneca Switzerland

I. Mentor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

II. Preceptor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

III. Applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

IV. Title of Project: \_\_\_\_\_  
\_\_\_\_\_

V. Academic and administrative responsibilities of the preceptor for the project under application.  
(Please limit your response to the allotted space; failure to do so may impede the likelihood of the project being funded.)



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- VI. A brief description of the proposed program/research project including the (A) facilities and (B) personnel to be involved.  
(Please limit your response to the allotted space; failure to do so may impede the likelihood of the project being funded. A detailed description of the project with a maximum of 5 pages, including references applies. Anything in excess of this will not be considered.)
- VII. Please list (A) Duties and responsibilities of the Applicant, (B) Dates of the training of the Applicant, and (C) Statement of anticipated gains in knowledge and experience for the Applicant upon completion of the program.  
(Please limit your response to the allotted space; failure to do so may impede the likelihood of the project being funded.)



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- VIII. I am familiar with the regulations, policies and objectives of the Swiss Society of Hypertension Scholarship. If this award is made, I guarantee that facilities in the institution where the applicant intends to conduct his scholarship are available to support the scholarship and I agree to:
- Use the entire amount of CHF 40'000 for the applicant's stipend.
  - Submit an abstract to the Annual Meeting of the Swiss Society of Hypertension.
  - Ensure submission of a progress report after 6 months and at the end of the program.

Approved by:

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

Applicant's Checklist:

- Application is completed in full
- Applicant's curriculum vitae is enclosed
- Mentor has signed the application
- Preceptor's curriculum vitae, including bibliography, is enclosed
- List of the preceptor's research funding (active during proposed training) is enclosed
- Preceptor has provided support for the application

The deadline date for receipt of applications is **June 30, 2012**. Applications received after his date will not be accepted. Please submit the completed application and supporting documents (as noted above) to:

**The Swiss Society of Hypertension Scholarship**

Attention: Karin Guldenfels

Schweizerische Hypertonie Gesellschaft

Schwarztorstrasse 18

CH-3007 Bern

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Fax: 031 388 80 79

Email Address: [info@swisshypertension.ch](mailto:info@swisshypertension.ch)