



**ASPIRE**

Award for Scientific Progress  
in Immunodeficiency Research

GRIFOLS  
SCIENTIFIC  
AWARDS

# Letter of Intent

## Personal Information

Applicant's Name:

Applicant's Surname:

Position and affiliation:

Office Address:

Date of Birth:

Email:

Telephone:

## Supervisor

Supervisor's Name:

Supervisor's Surname:

Position and affiliation:

Email:

Telephone:

## Institution / Hospital where the project will be carried on

Institution's /  
Hospital's name:

Address:

Email:

Telephone:

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## Project Information:

Title:

Project Duration:

Intended start date:

Intended end date:

Other Funding:

## Applicant's Bio

(max. 1000 characters)

## Project Abstract (max. 2000 characters)

Background:

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Study Objective / Hypothesis:

Methods / Design:

Expectations/ Contribution to the field of science:

Bibliography:

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- By completing this form, you acknowledge that you have read, and do hereby accept the terms and conditions of participation stated in the website.

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