1. Title of proposed project
2. Name of applicant
	1. Gender
	2. Title
	3. First and last name
	4. Current position
3. Mailing address
	1. Street
	2. Postal code
	3. City
4. Phone number and email address
	1. Phone number
	2. Email address
5. Education and training

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Study field | Qualification | Years |
|  |  |  |  |
|  |  |  |  |
|   |  |  |  |

1. Supervising team

|  |  |
| --- | --- |
| Name | Institution |
|  |  |
|  |  |
|   |  |

1. Project
	1. Duration
	2. Start date
2. **Description**
The abstract will be judged on
* innovation and creativity
* impact
* scientific quality
* feasibility on research question, materials and methods

Research question *(1 sentence)*

Materials and Methods (10 sentences maximum)

Description of innovation and creativity *(10 sentences maximum)*

Possible impact (10 sentences maximum)

Expected results (10 sentences maximum)

Challenges to be faced, and possible solutions *(10 sentences maximum)*

1. Budget specification *(including amount of money requested from Iris Eye Clinics)*
2. Signatures

|  |  |  |
| --- | --- | --- |
| Date of signing |  | Signature |