Professor Dr Max Cloëtta Foundation
Leimbachstrasse 225, 8041 Zurich

www.cloetta-foundation.ch

Application for a scholarship Clinical Medicine Plus 2026

1. Applicant

Last name: | First name:

Nationality: | Academic degree:

Current position:

Name of Swiss home institution:

Address of Swiss home institution:

Office Tel Number: | Office E-Mail:

Private Address:

Mobile Tel Number: | Private E-Mail:

Date of birth: | Marital status:

Children (incl. date of birth):

2. Studies

University	Faculty	Diplomas (degree & date)

3. Previous Professional Activities

4. Training during Cloëtta Scholarship (briefly and with title, state which specific skill or technique you will learn)

5. Guest Institution

Name:

Place:

Country:

6. Requested funding dates (earliest as of Dec 1, 2026; max. 12 months)

7. Requested funding amount in CHF (to be shown at end of your budget proposal)

8. Funding already received for this training:

Donor	From	Until	Amount

9. Parallel funding applications for this training:

Institution	Rejected	Pending	Expected date of decision	Amount applied for
	☐	☐		
	☐	☐		
	☐	☐		

10. Awards

Description	Year

11. Mentor at the home institute

Title and Name of Mentor:

Name and Address of Institute:

Office Tel Number:

Office E-Mail:

12. Original Signatures

Mentor: The undersigned acknowledges herewith to have duly noted and accepted the Guidelines laid down for Cloëtta scholarships 'Clinical Medicine Plus' as well as to support the applicant as his/her mentor.

Place and date:

Signature of Mentor

Applicant: The undersigned acknowledges herewith to have duly noted and accepted the Guidelines laid down for Cloëtta scholarships 'Clinical Medicine Plus.'

Place and date:

Signature of Applicant