# Application for a scholarship Clinical Medicine Plus 2025

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

Home Address

Mobile Tel Number

Home E-Mail

Date of birth

Marital status

Children (incl. date of birth)

1. **Studies**

|  |  |  |
| --- | --- | --- |
| University | Faculty | Diplomas (degree & date) |
|       |       |       |
|       |       |       |
|       |       |       |

1. **Previous Professional Activities**

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

1. **Guest Institution**

Name

Place

Country

1. **Requested funding dates** (earliest as of Dec 1, 2025; max. 12 months)

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

1. **Funding already received for this training**:

|  |  |  |  |
| --- | --- | --- | --- |
| Donor | From | Until | Amount |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. **Parallel funding applications for this training**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | Rejected | Pending | Expected date of decision | Amount applied for |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |

1. **Awards**

|  |  |
| --- | --- |
| Description | Year |
|       |       |
|       |       |
|       |       |

1. **Mentor at the home institute**

Title and Name of Mentor

Name and Address of Institute

Office Tel Number

Office E-Mail

1. **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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**