



# The Vision for Tomorrow

FOUNDATION

## Application for Scientific Research Grant

Please print out the Application, complete and mail to:  
The Vision for Tomorrow Foundation  
655 Deerfield Road, Suite 100 - #130, Deerfield, IL 60015-3241

Date: \_\_\_\_\_

### Research Project

Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Category (select one):

Albinism                       Aniridia  
 Congenital Nystagmus       Other

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### Principal Investigator

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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### Co-Investigator(s)

Name: \_\_\_\_\_  
Name: \_\_\_\_\_

Total Budget Request: \$\_\_\_\_\_ (details to follow)

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## Instructions for Attachments

1. **Research Goals, Plan and Methodology**

- a. State Specific goals of this study along with the plan and methodology to be used to achieve those goals
- b. Please limit to 2 pages

2. **Qualifications**

- a. What are your qualifications to be carrying out this study?
- b. Please include CV or Biographical Sketch

3. **Other Funding Sources**

- a. What other funds do you currently have for this study?
- b. Do you plan to apply for any other grants to complete this study?

4. **Budget**

- a. Please itemize all proposed expenses
  - b. Please include personnel, equipment, supplies, and any other expenses, as well as a total.
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## Abstract

Please provide a brief abstract, in layman's terms, suitable for the general public, which may be used by our foundation for press releases, our web site, distribution to our donors, etc.

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## Agreement

If the project is approved for support, I agree to provide a project update report and financial statement every 6 months. I agree to acknowledge the support of The Vision for Tomorrow Foundation in all publications resulting from this grant.

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Printed Name of Principal Investigator \_\_\_\_\_

\_\_\_\_\_  
Principal Investigator Signature

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**Certification**

I certify that these funds will be used for the purposes indicated on this proposal unless otherwise specifically approved by The Vision for Tomorrow Foundation.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

**The Vision for Tomorrow Foundation**  
**655 Deerfield Road, Suite 100 - #130, Deerfield, IL 60015-3241**  
[research@visionfortomorrow.org](mailto:research@visionfortomorrow.org)