



National  
Scleroderma  
Foundation

**NATIONAL SCLERODERMA FOUNDATION RESEARCH  
GRANT AWARD REQUEST FOR NO-COST EXTENSION**

Name of Awardee: \_\_\_\_\_

Institution: \_\_\_\_\_

Award Type: \_\_\_\_\_

Length of Extension:

(Note: No-cost extensions cannot be granted for longer than six months.)

Carryover Amount if applicable: \$\_\_\_\_\_

Justification: (use additional pages as necessary)

- Reason For Extension Request:

**If there is a carry-over of funds, a carry-over form must be submitted in addition to extension request.**

Return to: National Scleroderma Foundation  
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978-777-1313 fax  
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