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  
300 Rosewood Drive, Suite 105  
Danvers, MA 01923  
978-463-5843  
978-777-1313 fax  
research@scleroderma.org