

# APPLICATION FORM

## REQUEST TO THE SWISS KIDNEY FOUNDATION

<b>TITLE PROJECT EVENT</b>	
<b>AMOUNT</b>	➔ Amount requested in CH

<b>APPLICANT'S DETAILS</b> <i>All fields are mandatory</i>	
Title/Form of address	
First name	
Surname	
Address	
Place, postcode	
Mobile/Landline	
E-mail	

**Send to:**  
**Schweizerische Nierenstiftung**  
 Postfach 754 - CH-3076 Worb b. Bern  
 Tel + 41 31 711 24 61  
 E-mail: [sekretariat@nierenstiftung.ch](mailto:sekretariat@nierenstiftung.ch)  
 Web: [www.nierenstiftung.ch](http://www.nierenstiftung.ch)

## Information required for requests from CHF 10,000 up to a maximum of CHF 50,000.

### CHECKLIST (PLEASE SUBMIT A SEPARATE DOCUMENT FOR EACH POINT)

- [ ] Application form 
- [ ] Letter for the attention of the SKF Foundation Board, with an explanation of the particular reference to the  Foundation
- [ ] Detailed description of the project or event - in particular project or event aim - reason why the funding cannot be sourced elsewhere. (max. **five** A4 pages)
- [ ] Project or event budget/financing plan  
- [ ] Specific financial expectation of the SKF with preferred payment date 

For organisations:

- [ ] Annual accounts
- [ ] Balance sheet and activity report
- [ ] Organisation's statutes
- [ ] Extract from the Commercial Register (if available)
- [ ] List of other institutions applied to for funding and funding already approved 

The application will not be considered if the documents submitted do not comply with the checklist.

By submitting this application, I consent to the project/event being published on the SKF website if the application is successful.

Date:

Applicant's first name and surname

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