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**Student Innovation Grant Application Form**

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| **PARTICIPANTS INFORMATION** |

Name of the participant(s):

Name of the coach:

(if already known)

School:  EPFL  HEIA-FR  UNIFR

Level of studies:  Bachelor  Master  PhD

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| **PROJECT INFORMATION** |

|  |  |
| --- | --- |
| Project title  Project description | *Short description of the project aims, methods, work plan and deliverables. More details may be provided in annex documents.* |

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| --- | --- | --- | --- |
| Start date |  | End date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you applied for another grant for the same project? | yes |  | no |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If so, what amount have you received? |  | Where have you applied? |  |

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| **FINANCIAL REQUEST** |

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| --- | --- | --- |
| Initial fund CHF 1’000.- |  |  |
| Additional financial support needed | yes | no |

|  |  |  |
| --- | --- | --- |
| Requested amount in CHF  (max CHF 4’000.-/project) |  |  |

Please declare your expected costs (max. CHF 4’000.-/project)

|  |  |
| --- | --- |
| **Budget** | **Amount CHF** |
| *Desription budget position* |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |
| **Total** | **0.00** |

|  |  |  |  |
| --- | --- | --- | --- |
| The grant amount is to be transferred to the following bank account |  |  |  |

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| **CONTACT INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | Tel. |  |
|  |  | E-mail |  |
|  |  |  |

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| **ANNEX** |

|  |  |
| --- | --- |
|  | *List of supplementary documents, images, graphics etc (optional)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Place and date |  | Signature |  |

Application to be submitted by e-mail to: **incubator@smartlivinglab.ch**

You will receive an acknowledgement of receipt of your project request.   
In case you didn’t receive our confirmation, please contact us.