

Financial Support Application for Clinical Research

Date: [Insert Date]

[Your Name]
[Your Position]
[Your Institution/Organization]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Position]
[Recipient Institution/Organization]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request financial support for my clinical research project titled "[Project Title]." This study aims to [briefly describe the purpose and significance of the research].

The total budget for this project is [insert total budget amount], which covers [briefly outline what the budget will be used for, e.g. personnel, equipment, materials, etc.]. I am seeking funding of [insert specific amount requested] to help facilitate this important work.

My research team consists of [briefly describe team members and their roles]. We believe that this study will contribute significantly to [describe potential impact or outcomes of the research].

I have attached a detailed budget proposal along with my research plan for your review. Thank you for considering this application. I look forward to the possibility of collaborating with [Recipient Institution/Organization] in advancing our understanding of [research topic].

Thank you for your time and consideration.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Organization]