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