

Final date of application is June 1, 2025.

This application form is for Psoriasisfonden only. For application to Gösta A Karlssons 60-års fond, please use the designated application form. Please note that the same project cannot apply for funding from both foundations.

Main applicant (Name, title)	Place of work/applying institution (Complete address, telephone number, email)
Co-applicant (Name, title)	
Project name	
Project abstract (NOTE: In Swedish. - abstract in full program description may be in English.) Abstract shall include goal, purpose, method, expected result (mål, syfte, metod, förväntat resultat).	

Abstract cont'd or other relevant information

Funding/project information (please check all that apply)

- New funding
- Continued funding
- Have received/applied for funding from other sources
(if yes, please specify in project budget).

Total project cost in SEK

Amount requested from
Psoriasisfonden in SEK

Extent of project

- Full time
- Part time (please specify percentage)

Project phase

- Start up/early stage
- Established/full scale

Required attachments, in PDF-format

- Complete research program, including abstract and timeline
- Complete project budget (see information document for key budget posts)
- Curriculum Vitae and list of relevant publications for main applicant and key team members
- Progress report (required only for applications for continued funding, please use template provided)
- Approval by ethics committee (copy of application not necessary)

Place and date

Name and signature of main applicant

By signing this application you confirm that you approve Psoriasisförbundet's usage of your personal data in accordance with GDPR regulations.



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