



British Society for the History of Pharmacy

Peter Homan Small Grant Scheme

APPLICATION FORM

A. CONTACT DETAILS	
Name:	
Address:	
E-mail:	
Organisation or University (if applicable):	

B. ACTIVITY DETAILS	
Activity or project title:	
Please summarise the activity that the funding would support, including any key dates (300 words)	
What are your intended outcomes? (200 words)	
Have you applied for any other sources of funding?	

