

Application Cover Sheet- Page 1

Damon Runyon-St. Jude Pediatric Cancer Research Fellowship Award

Complete all sections. Electronic/scanned signatures are acceptable.

SPONSOR

NAME:		DEGREE:	INSTITUTION:
TITLE:		GENDER (optional):	DEPARTMENT AND ADDRESS:
TELEPHONE:	EMAIL:		

CANDIDATE

NAME:		GENDER (optional):	MONTH AND YEAR JOINED / WILL JOIN SPONSOR'S LAB:	
CURRENT INSTITUTION:			OTHER AGENCIES APPLICATION SUBMITTED TO:	
CURRENT ADDRESS:			PROPOSAL TITLE:	
CELL PHONE:	EMAIL:		CITIZENSHIP:	BIRTH DATE:
DOCTORAL DEGREE:			MONTH AND YEAR OF CONFERRAL:	

FISCAL OFFICER (Sponsor's Institution)

NAME:		GENDER (optional):	INSTITUTION:
TITLE:		ADDRESS:	
TELEPHONE:	EMAIL:		
FISCAL OFFICER'S SIGNATURE:			

APPROVED BY EXECUTIVE OFFICER (Sponsor's Institution)

NAME:		GENDER (optional):	INSTITUTION:
TITLE:		ADDRESS:	
TELEPHONE:	EMAIL:		
EXECUTIVE OFFICER'S SIGNATURE:			

FORM CONTINUES ON NEXT PAGE

Application Cover Sheet- Page 2

Damon Runyon-St. Jude Pediatric Cancer Research Fellowship Award

Complete all sections. Attach additional pages if necessary. Electronic/scanned signatures are acceptable.

To be completed by Sponsor:

The candidate wrote _____% of the proposal.

Comments (optional):

To be completed by Candidate:

Provide a written statement testifying that adequate safety precautions will apply for projects that involve any biohazards (e.g., recombinant DNA, chemical carcinogens) and that the research project has been (or will be) approved by the appropriate Institutional Review Board, Institutional Animal, Care and Use Committee, and/or Biohazards Committee.

Postdoctoral training in the same institution in which the candidate received his/her degree is discouraged, particularly if it is in the same department. If applicable, please address the reason(s) for remaining in same institution.

SPONSOR'S SIGNATURE	DATE
CANDIDATE'S SIGNATURE	DATE

APPLICANT'S LAST NAME:

DAMON RUNYON CANCER RESEARCH FOUNDATION

Co-Sponsor Cover Sheet

Complete this form ***only*** if applying under the supervision of two Sponsors.

CO-SPONSOR

NAME:	DEGREE:	INSTITUTION:
TITLE:	GENDER (optional):	ADDRESS:
TELEPHONE:		SPONSOR'S SIGNATURE:
EMAIL:		

Complete this section ***only*** if the Co-Sponsor is at a ***different*** institution than the Sponsor.

FISCAL OFFICER (Co-Sponsor's Institution)

NAME:	GENDER (optional):	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	EMAIL:	FISCAL OFFICER'S SIGNATURE:

APPROVED BY EXECUTIVE OFFICER (Co-Sponsor's Institution)

NAME:	GENDER (optional):	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	EMAIL:	EXECUTIVE OFFICER'S SIGNATURE:

Dear Applicant,

We invite you to complete our applicant demographic survey.

Responses to the questions below are optional.

1. What gender do you identify as? Please check all that apply.

Man

Woman

Transgender

Non-Binary

Prefer not to say

Prefer to self-describe:

2. How would you describe yourself? Please check all that apply.

Asian

Black or African American

Hispanic or Latinx

Middle Eastern

Native American or Alaskan Native

Native Hawaiian or Other Pacific Island

South Asian

White

Prefer not to say

Other/prefer to self-describe:

3. Do you consider yourself to be from a disadvantaged socioeconomic background?

Yes

No

Prefer not to say

Damon Runyon defines the criteria for a disadvantaged socioeconomic background as an individual who meets at least one of the following:

- 1. Individuals who come from a family with an annual income below established low-income thresholds.*
- 2. Individuals who come from an educational environment such as that found in certain rural or inner-city environments that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.*