

Application Cover Sheet

APPLICANT

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|---------------------------------|----------------|------------------------------------|----------|--|
| LAST NAME: | | DEGREE(S): | ADDRESS: | |
| FIRST NAME: | MI: | GENDER: | | |
| CITIZENSHIP: | DATE OF BIRTH: | | | |
| ACADEMIC TITLE: | | TELEPHONE: | CELL: | |
| DATE OF APPOINTMENT (REQUIRED): | | OTHER FUNDING AGENCIES APPLIED TO: | | |
| INSTITUTION: | | E-MAIL: | | |
| DEPARTMENT(S): | | SIGNATURE: | | |

MENTOR

| | | | | |
|----------------------|----------------|---|----------|--|
| LAST NAME: | | DEGREE(S): | ADDRESS: | |
| FIRST NAME: | MI: | GENDER: | | |
| CITIZENSHIP: | DATE OF BIRTH: | | | |
| ACADEMIC TITLE: | | TELEPHONE: | FAX: | |
| DATE OF APPOINTMENT: | | E-MAIL: | | |
| INSTITUTION: | | I HAVE READ AND APPROVED THE APPLICANT'S RESEARCH PROPOSAL: <input type="checkbox"/> Y | | |
| DEPARTMENT(S): | | I CONFIRM THE APPLICANT IS UNDER NO OBLIGATION TO ANY INDUSTRIAL TIES OR OBLIGATIONS THAT THE MENTOR MAY HAVE: <input type="checkbox"/> Y | | |
| SIGNATURE: | | | | |

CLINICAL RESEARCH PROPOSAL

| | |
|---|---|
| TITLE: | CLINICAL RESEARCH AREA [refer to the following 'Area of Study' list, select one option]: |
| | TYPE(S) OF CANCER [refer to the following 'Type of Cancer' list for option(s)]: |
| HUMAN SUBJECTS: <input type="checkbox"/> Y <input type="checkbox"/> N | BIOHAZARDS: <input type="checkbox"/> Y <input type="checkbox"/> N |
| VERTEBRATE ANIMALS: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| I CONFIRM THAT THERE IS NO SCIENTIFIC OVERLAP BETWEEN ANY OF MY OTHER SOURCES OF RESEARCH SUPPORT AND THE PROPOSED PROJECT: <input type="checkbox"/> Y <input type="checkbox"/> N | |

Application Cover Sheet

SPONSORING DEAN OR DEPARTMENT CHAIR (*Mentor's Institution*)

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|------------|------|---------|--------------|--|
| NAME: | | GENDER: | INSTITUTION: | |
| TITLE: | | | ADDRESS: | |
| TELEPHONE: | FAX: | | | |
| E-MAIL: | | | | |

FISCAL OFFICER (*Mentor's Institution*)

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| NAME: | | GENDER: | INSTITUTION: | |
| TITLE: | | | ADDRESS: | |
| TELEPHONE: | FAX: | | | |
| E-MAIL: | | | | |

APPROVED BY EXECUTIVE OFFICER (*Mentor's Institution*)

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|------------|------|---------|--------------|--|
| NAME: | | GENDER: | INSTITUTION: | |
| TITLE: | | | ADDRESS: | |
| TELEPHONE: | FAX: | | | |
| E-MAIL: | | | | |

CO-MENTOR (if applicable)

| | | | | | |
|----------------------|----------------|------------|------------|------|--|
| LAST NAME: | | DEGREE(S): | ADDRESS: | | |
| FIRST NAME: | MI: | GENDER: | | | |
| CITIZENSHIP: | DATE OF BIRTH: | | | | |
| ACADEMIC TITLE: | | | | | |
| DATE OF APPOINTMENT: | | | TELEPHONE: | FAX: | |
| INSTITUTION: | | | E-MAIL: | | |
| DEPARTMENT(S): | | | SIGNATURE: | | |

Application Cover Sheet

Complete this page **only** if the Co-Mentor is at a **different** institution than the Mentor.

SPONSORING DEAN OR DEPARTMENT CHAIR (Co-Mentor's Institution)

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|------------|------|---------|--------------|
| NAME: | | GENDER: | INSTITUTION: |
| TITLE: | | | ADDRESS: |
| TELEPHONE: | FAX: | | |
| E-MAIL: | | | SIGNATURE: |

FISCAL OFFICER (Co-Mentor's Institution)

| | | | |
|------------|------|---------|--------------|
| NAME: | | GENDER: | INSTITUTION: |
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APPROVED BY EXECUTIVE OFFICER (Co-Mentor's Institution)

| | | | |
|------------|------|---------|--------------|
| NAME: | | GENDER: | INSTITUTION: |
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| TELEPHONE: | FAX: | | |
| E-MAIL: | | | 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.*

AREA OF STUDY

Fill in the space on the cover sheet with **one** of these areas, the primary focus of your research:

- Aging
- Animal Models/Mouse Models
- Basic Genetics
- Basic Immunology
- Biochemistry
- Bioinformatics
- Biomedical Engineering
- Biophysics
- Cancer Genetics
- Carcinogenesis
- Cell Biology
- Cell Death
- Chemical Biology
- Chemoprevention
- Chemoresistance
- Chromatin Biology
- Chromosome and Telomere Biology
- Computational Biology
- Developmental Biology
- Developmental Neurobiology
- Diagnostics
- Drug Discovery
- Endocrinology
- Epidemiology/Population Science
- Epigenetics
- Evolution
- Experimental Therapeutics
- Gene Therapy
- Genome Architecture
- Genome Maintenance
- Genomics
- Human Genetics
- Imaging
- Immunotherapy
- Infectious Disease
- Invasion and Metastasis
- Medicinal Chemistry
- Metabolism
- Microbiology
- Nanotechnology
- Neuroscience
- Organic Chemistry
- Outcomes Research
- Pain Management/Palliative Care
- Pathology
- Pharmacogenomics and Biomarkers
- Physical Chemistry
- Prevention
- Proliferation/Cell Cycle
- Protein processing
- Proteomics
- Quantitative Biology
- RNA (RNA processing, miRNA and piRNA mechanisms, enzymatic RNAs etc.)
- Senescence
- Signal Transduction
- Stem Cell Biology
- Structural Biology
- Surgical Oncology
- Systems Biology
- Toxicology/Toxicogenomics
- Tumor Immunology
- Vaccine Therapy
- Vascular Biology/Angiogenesis
- Virology

TYPE(S) OF CANCER

Fill in the space on the cover sheet with any that are directly related to your research:

- AIDS-Related Cancers
- All Cancers
- Bladder
- Breast
- Colorectal
- Esophageal
- Ewing's Tumors
- Gallbladder
- Gastric
- Gynecological (including Cervical, Endometrial, Ovarian, Uterine, Vaginal, Vulvar)
- Head and Neck
- Kidney (Renal Cell)
- Leukemias
- Liver (including Hepatocellular, Cholangiocarcinoma, etc.)
- Lung
- Lymphomas
- Merkel Cell
- Mesothelioma
- Myeloma (including Monoclonal Gammopathy of Undetermined Significance)
- Nasopharyngeal
- Neuroendocrine (including Carcinoid, Adrenal Pheochromocytomas, Medullary Carcinomas of the Thyroid, Multiple Endocrine Neoplasia Syndromes, Pancreatic Endocrine Tumors, etc.)
- Neuro-oncology (including Adult Brain, Pediatric Brain, Meningiomas, CNS, etc.)
- Pancreatic
- Prostate
- Retinoblastoma
- Sarcomas
- Skin (Melanoma and Non-melanoma)
- Testicular (including other Germ Cell Tumors)
- Thyroid (including Papillary, Follicular and Anaplastic)
- Wilm's Tumor