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| **New logo** | **Clinical Investigator Award** |
| Application Cover Sheet *Complete all sections of this form.* | |

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| APPLICANT | | |  | |
| 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: | |

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| **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:  Y | |
| Department(s): | | | I confirm the applicant is under no obligation to any industrial ties or obligations that the mentor may  have:  Y | |
| Signature: | | |  | |

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| **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:  Y  N | Biohazards:  Y  N |
| Vertebrate Animals:  Y  N |  |
| I confirm that there is no scientific overlap between any of my other sources of research support and the  proposed project:  Y  N | |

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| **New logo** | **Clinical Investigator Award**  **Page 2** |
| Application Cover Sheet *Complete all sections of this form.* | |

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| **SPONSORING DEAN OR DEPARTMENT CHAIR** | | | |
| Name: | | Gender: | Institution: |
| Title: | | | Address: |
| Telephone: | Fax: | |
| E-Mail: | | | Signature: |

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| **FISCAL OFFICER** | | |  |
| Name: | | Gender: | Institution: |
| Title: | | | Address: |
| Telephone: | Fax: | |
| E-Mail: | | | Signature: |

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| **APPROVED BY EXECUTIVE OFFICER** | | | |
| Name: | | Gender: | Institution: |
| Title: | | | Address: |
| Telephone: | Fax: | |
| E-Mail: | | | Signature: |

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| **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: | |

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**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

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**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