

**Application Cover Sheet- Page 1**

**Postdoctoral Research Fellowships for Basic and Physician Scientists**

Complete all sections. Electronic signatures are acceptable but not required for USB copy.  
 You must also submit a hard copy with all required signatures (electronic or ink).

**SPONSOR**

NAME:		DEGREE:	INSTITUTION:
TITLE:		GENDER:	DEPARTMENT AND ADDRESS:
TELEPHONE:	EMAIL:		

**CANDIDATE**

NAME:		GENDER:	MONTH AND YEAR JOINED / WILL JOIN SPONSOR'S LAB:
CURRENT INSTITUTION:		AWARD TERM:	
CURRENT ADDRESS:		PROPOSAL TITLE:	
TELEPHONE:	EMAIL:		AREA OF STUDY:
CITIZENSHIP:	BIRTH DATE:	TYPE[S] OF CANCER [refer to page 3 for options]:	
DOCTORAL DEGREE:		BIOHAZARDS: <input type="checkbox"/> Y <input type="checkbox"/> N	HUMAN SUBJECTS: <input type="checkbox"/> Y <input type="checkbox"/> N
MONTH AND YEAR OF CONFERRAL:		OTHER AGENCIES APPLICATION SUBMITTED TO:	

**FISCAL OFFICER (Sponsor's Institution)**

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

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

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

FORM CONTINUES ON NEXT PAGE

**Application Cover Sheet- Page 2**  
**Postdoctoral Research Fellowships for Basic and Physician Scientists**

*Complete all sections. Attach additional pages if necessary. Electronic signatures are acceptable but not required for USB copy. You must also submit a hard copy with all required signatures (electronic or ink).*

**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

## **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