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| **New logo** | **Physician-Scientist Training 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:      | Telephone:      | Cell:      |
| Academic Title (include pgy year if applicable):      | E-Mail:      |
| Current Institution:      | Medical Degree Date:      |
| Department(s):      | Medical Degree Institution:      |
| Other Funding Agencies Applied To:      | 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):      | Signature: |

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| **RESEARCH PROPOSAL** |
| Title:      | 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** | **Physician-Scientist Training 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
* Genomics
* Imaging
* Immunotherapy
* Infectious Disease
* Invasion and Metastasis
* Medicinal Chemistry
* Microbiology
* Nanotechnology
* Neuroscience
* Organic Chemistry
* Outcomes Research
* Pain Management/Palliative Care
* Pathology
* Pharmacogenomics and Biomarkers
* Physical Chemistry
* Prevention
* Proliferation/Cell Cycle
* Protein processing
* Proteomics
* 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