Physician-Scientist Training Award

Application Cover Sheet

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: 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 SIGNATURE: DEPARTMENT(S): 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: \square Y \square N

Physician-Scientist Training Award

Page 2

Application Cover Sheet

SPONSORING DEAN OR DEPARTMENT CHAIR (Mentor's Institution)							
Name:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE:	Fax:						
E-Mail:			SIGNATURE:				
FISCAL OFFICER (Mentor's Institution)							
Name:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE:	Fax:						
E-Mail:			SIGNATURE:				
APPROVED BY EXECUTIVE OFFICER (Mentor's Institution)							
NAME:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE: FAX:							
E-Mail:			SIGNATURE:				
CO-MENTOP (if ann	licable)						
CO-MENTOR (if applicable) LAST NAME:		Degree(s):	Address:				
FIRST NAME:	MI:	GENDER:					
CITIZENSHIP:	DATE OF BI	RTH:					
ACADEMIC TITLE:							
DATE OF APPOINTMENT:			TELEPHONE:	FAX:			
Institution:			E-Mail:				
DEPARTMENT(S):			SIGNATURE:				

Physician-Scientist Training Award

Page 3

Application Cover Sheet

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

SPONSORING DEA	N OR DEP	ARTMENT CH	AIR (Co-Mentor's Institution)				
NAME:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE: FAX:							
E-Mail:			SIGNATURE:				
FISCAL OFFICER (Co-Mentor's Institution)							
NAME:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE:	ELEPHONE: FAX:						
E-Mail:			SIGNATURE:				
APPROVED BY EXECUTIVE OFFICER (Co-Mentor's Institution)							
NAME:		GENDER:	Institution:				
TITLE:			Address:				
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 innercity 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.

DAMON RUNYON CANCER RESEARCH FOUNDATION

Physician-Scientist Training Award

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

DAMON RUNYON CANCER RESEARCH

Physician-Scientist Training Award

Type(s) of Cancer

FOUNDATION

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