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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: |