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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: |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | |