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Reference Letter Form

*Please email this form to pediatric@damonrunyon.org or fax to 917.591.4780 by the deadline.*

**I.**

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| --- | --- | --- | --- |
| Candidate’s Name: |  | Sponsor’s Name:*(not referee)* |  |
| **REFEREE’S INFORMATION:** |
| Name: |       | Email Address: |       |
| Title: |       | Phone Number: |       |
| Institution: |       | Were you the candidate’s thesis advisor? | [ ]  Yes [ ]  No |

**II. Please give your ranking (%) of this candidate’s intellectual capacity and research potential in comparison with others at a comparable career stage. (The reviewers ask that you cite specific examples for your assessment in Section III.)**

1. This candidate is in the top % of others at a comparable career stage.
2. Please identify the comparison group you used for your percentile ranking: .

**III. The Pediatric Cancer Fellowship Award Committee of the Damon Runyon Cancer Research Foundation requires that you cite specific examples to explain your above assessments of the candidate (***in Section II***). They would also appreciate your candid comments evaluating the candidate’s qualifications for the proposed research project and an assessment of the candidate’s potential for successful independent cancer research.**

Please complete the top portion of this form (sections I and II) and then type or paste your reference letter here, or attach additional pages on your Institution's letterhead.