American Association for Cancer Research (AACR) Special Conference

11th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved

Nov. 2-5, 2018 • New Orleans, Louisiana

(Supported by a Generous Grant from the NCI Center to Reduce Cancer Health Disparities)

The American Association for Cancer Research (AACR), a scientific society of 37,000 investigators working in all subfields of basic, clinical, and translational cancer research, is extremely pleased to make available Scholar Awards in Cancer Research to eligible minority [African American/Black, Alaskan Native, Hispanic/Latino, Native American, and Native Hawaiian/Pacific Islander] faculty members at any institution and faculty members of Minority-Serving Institutions [Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), Indian Tribally-Controlled Colleges and Universities (ITCCUs) and other postsecondary minority institutions recognized by the US Department of Education] for participation in the AACR Special Conference, “11th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved.” The purposes of this award program are to increase the scientific knowledge base of minority faculty and faculty members at Minority-Serving Institutions, to encourage them in their research, and to assist in inspiring their students to pursue careers in cancer research. Funds are provided through the NCI-Center to Reduce Cancer Health Disparities to support the travel and participation of a limited number of faculty scientists to this conference.

Eligibility Requirements

- Eligible candidates are either 1) racial/ethnic minority groups which have been defined by the National Cancer Institute as being traditionally underrepresented in cancer and biomedical research, i.e., African American/Black, Alaskan Native, Hispanic/Latino, Native American, and Native Hawaiian/Pacific Islander or faculty or 2) faculty at a Minority-Serving Institution as defined above.
- Engaged in meritorious basic, clinical, translational, or epidemiological cancer research.
- Must have completed postdoctoral studies or clinical fellowship and hold full-time faculty status at the level of Assistant Professor or above.
- Have acquired doctoral degrees (e.g., PhD, MD, DSc, DVM, etc.) in fields relevant to cancer research. (If an applicant has obtained an equivalent degree at an institution outside of the U.S., information on the nature of the degree must be provided at the time of application.)
- Candidates must be first authors on abstracts submitted for consideration for presentation at this conference.
- Only citizens of the United States and Canada or scientists who are permanent residents in those countries may receive one of these awards.

Application Instructions

- The Official Application Form for AACR Minority and Minority-Serving Institution Faculty Scholar Award must be signed by both the applicant and nominator.
- A statement from the candidate describing the benefit he/she expects to derive from attending the conference, the candidate’s particular qualifications for receiving the award, and the reasons for the candidate's interest in the conference.
- A copy of the candidate's most recent curriculum vitae and bibliography (list of publications).
- At least one letter of reference from the Departmental Chairperson, Dean, or other supervisory official commenting on the scientific merit and independence of the applicant’s research; the applicant’s current activity in the area, including publications; the likelihood of the applicant’s future research achievement; and the applicant’s commitment to advancing the research careers of his or her students.
- A copy of the abstract submitted for consideration for presentation at the conference.

Selection and Regulations

The Award Committee makes selection for these competitive awards after careful consideration of the applications. Preference will be given to first time applicants and candidates who best demonstrate the relevance of their research program to cancer. Applicants will be chosen from both minority institutions and the larger bodies of universities, colleges, and research institutes. Please keep in mind that because of these factors the total number of awards given to any one applicant will be restricted and no more than three awards will be given to any candidate within a five-year period.

If an awardee is unable to attend the conference for which the award is given, the award must be forfeited. Please note that according to IRS regulations, the award is subject to federal income tax. A 1099 misc. tax form will be issued to awardees at year-end for the amount of the award.

The deadline for receipt of applications for this conference is Wednesday, July 18, 2018. Candidates are strongly encouraged to register for the conference by the advance registration deadline of Tuesday, Sept. 18, 2018 so as to receive all communications pertaining to the conference, i.e., housing, program updates, schedule of events, etc. If a registered candidate is not selected to receive an award, the candidate will be refunded the full amount of the registration fee should he or she decide not to attend the conference.

Further information regarding the award program can be obtained by visiting the Travel Grants section of the American Association for Cancer Research Special Conference website. Please forward inquiries to micr@aacr.org.
AACR Special Conference
11th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved
Nov. 2-5, 2018 ● New Orleans, Louisiana

1. **Applicant Name:**
   Last ___________________________________________ First ___________________________ Middle Initial ___________________________

2. **Current Title: (please check only one)**
   □ Assistant Professor  □ Professor
   □ Associate Professor  □ Other (specify): ________________________________

3. **Institutional Address:**  □ Preferred mailing address
   Institution ______________________________________________________________
   Department __________________________________________________________________
   Street, Building, Room ____________________________________________________________________________
   City __________________________________ State/Province _______________________ Zip Code __________
   Telephone Number __________________________ Cell Phone __________________________
   (area code and number) ____________ (area code and number) ____________
   E-Mail Address ________________________________________________________________

4. **Home Address:**  □ Preferred mailing address
   Mailing Address ______________________________________________________________
   City __________________________________ State/Province _______________________ Zip Code __________
   Telephone Number __________________________ Cell Phone __________________________
   (area code and number) ____________ (area code and number) ____________
   E-Mail Address ______________________________________________________________

5. **Citizenship** (Please check only one): (Note: Only citizens or permanent residents of the U.S. or Canada are eligible)
   □ U.S.  □ Canada  □ Permanent Resident U.S.  □ Permanent Resident Canada

6. **Race/Ethnicity:**
   □ African American/Black  □ Alaska Native  □ Asian  □ Caucasian  □ Hispanic/Latino
   □ Native American  □ Native Pacific Islander/Hawaiian  □ No Answer  □ Other ________________________________

7. **Gender**  □ Male  □ Female

8. **Date of Birth (Month/Day/Year):** ________________________________

9. **Place of Birth (Country):** ________________________________________________

10. **How did you learn about the availability of this Award?**
    □ AACR Website  □ AACR Email Blast  □ AACR Mailing  □ Colleague  □ Other ________________________________
11. **Education** (Begin with doctoral, postdoctoral or clinical training, if any, and include baccalaureate and other initial professional education):

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE CONFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR CONFERRED</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE CONFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR CONFERRED</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE CONFERRED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR CONFERRED</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. **What is your current Research Areas of Expertise/Interest?** (select all that apply):

- [ ] Behavioral Science
- [ ] Biochemistry and Biophysics
- [ ] Biostatistics
- [ ] Bioinformatics & Computational Biology
- [ ] Cancer Disparities Research
- [ ] Carcinogenesis
- [ ] Cell Biology
- [ ] Chemistry
- [ ] Clinical Research/Clinical Trials
- [ ] Diagnostics and Biomarkers
- [ ] Endocrinology
- [ ] Epidemiology
- [ ] Epigenetics
- [ ] Experimental & Molecular Therapeutics
- [ ] Genetics
- [ ] Genomics/Proteomics/-Oomics
- [ ] Geriatric Oncology
- [ ] Hematology
- [ ] Immunology and Immuno-oncology
- [ ] Molecular Biology
- [ ] Pathology
- [ ] Pediatric Oncology
- [ ] Pharmacology
- [ ] Prevention Research
- [ ] Radiation Science/Med.
- [ ] Surgical Oncology
- [ ] Survivorship Research
- [ ] Systems Biology
- [ ] Tumor Biology
- [ ] Virology
- [ ] Other _____________

13. **Describe your current research focus.**

________________________________________________________________________

________________________________________________________________________

14. **What are your long-range career objectives and research goals?**

________________________________________________________________________

________________________________________________________________________

15. **Within your institution, do you teach courses in cancer biology or other related fields or advise students in science clubs, etc.?**

- [ ] Yes  
- [ ] No  

If yes, please explain: __________________________________________

________________________________________________________________________

________________________________________________________________________

16. **Within your institution, community, or the cancer field, do you serve or have you served in any voluntary professional capacity?**

- **Institution**
  - [ ] Yes  
  - [ ] No  
  If yes, please explain: __________________________________________

________________________________________________________________________

- **Community**
  - [ ] Yes  
  - [ ] No  
  If yes, please explain: __________________________________________

________________________________________________________________________

- **Cancer Field**
  - [ ] Yes  
  - [ ] No  
  If yes, please explain: __________________________________________

________________________________________________________________________
17. What are the scientific meetings and/or conferences that you consider a must to attend each year? Please list the full name of the organizations that host the meetings and/or conferences.

a) ____________________________________________________________

b) ____________________________________________________________

c) ____________________________________________________________

18. List abstracts accepted for presentation within the past year on which you are an author.

<table>
<thead>
<tr>
<th>Conference Title &amp; Date</th>
<th>Did you present an abstract?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conference Title &amp; Date</th>
<th>Did you present an abstract?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conference Title &amp; Date</th>
<th>Did you present an abstract?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

CERTIFICATION

19. Assurance and Signature of Applicant:

If awarded, I agree to accept this award to attend the AACR Special Conference, “11th AACR Conference on The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved,” to attend sessions, and to submit a final report on my attendance at the meeting. I also certify that I am a full-time minority faculty member or a full-time faculty member of a Minority-Serving Institution and I am a citizen or permanent resident of the United States or Canada. If I fail to fulfill any of the requirements of the grant, I acknowledge that I will forfeit this award.

__________________________________________________________  
Signature  

__________________________________________________________  
Date

20. Certification of Nominator:

Nominator (Departmental Chairperson, Dean, or other supervisory official):

Name ________________________________________________  
Title ________________________________________________

Institution ________________________________________________

Street ______________________________________________________

City, State, Postal Code ________________________________________

Telephone No. (Area code, number, ext.) ________________________

FAX No. (Area code, number) _________________________________

E-Mail Address ______________________________________________

Relationship to applicant (Departmental Head, Dean, etc.) ____________

__________________________________________________________  
Signature  

__________________________________________________________  
Date

Application Deadline: Wednesday, July 18, 2018

Please send completed application to:
E-Mail: mircr@aacr.org

Or by mail to:
Minority and Minority-Serving Institution Faculty Scholar in Cancer Research Awards
(AACR) American Association for Cancer Research
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106-4404

Website: www.aacr.org/msi

Application Checklist: Please use the following checklist to ensure all required materials for application are submitted

☐ 1. Candidate’s statement explaining benefits expected to be derived from attending this conference;
☐ 2. Candidate’s abstract;
☐ 3. Candidate’s curriculum vitae and bibliography; and
☐ 4. At least one letter of recommendation from the Departmental Chairperson or other supervisory official.