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 fellowships 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 September 12, 2017.** Candidates are strongly encouraged to register for the conference by the advance registration deadline of **October 18, 2017** 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](https://www.aacr.org). Please forward inquiries to [micr@aacr.org](mailto:micr@aacr.org).
1. **Applicant Name:**
   ___________________________  ___________________________  Middle Initial
   Last  First

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>YEAR CONFERRED</td>
<td>FIELD OF STUDY</td>
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<tr>
<td>INSTITUTION AND LOCATION</td>
<td>DEGREE CONFERRED</td>
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<tr>
<td>YEAR CONFERRED</td>
<td>FIELD OF STUDY</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
- Genetics
- Experimental & Molecular Therapeutics
- Genomics/Proteomics/omics
- 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 ☐ No</td>
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<td></td>
<td>☐ Yes ☐ No</td>
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<td></td>
<td>☐ Yes ☐ No</td>
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</tbody>
</table>

CERTIFICATION

19. Assurance and Signature of Applicant:
If awarded, I agree to accept this award to attend the AACR Special Conference, “Prostate Cancer: Advances in Basic, Translational, and Clinical Research,” 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: September 12, 2017
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.

Please send completed application to:
E-Mail: micr@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