The American Association for Cancer Research (AACR), a scientific society of more than 40,000 investigators working in all subfields of basic, clinical, and translational cancer research, is extremely pleased to offer AACR Minority Scholar in Cancer Research Awards to eligible minority investigators for participation at the "AACR-AHNS Head and Neck Cancer Conference: Optimizing Survival and Quality of Life Through Basic, Clinical, and Translational Research." These awards are intended to enhance the education and training of minority researchers and to increase the visibility and recognition of minority scientists involved 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 minority scientists to this conference.

Eligibility Requirements

- This Scholar program applies only to racial/ethnic minority groups which have been defined by the National Cancer Institute as being traditionally underrepresented in cancer and biomedical research; these groups are African American/Black, Alaskan Native, Hispanic/Latino, Native American, and Native Hawaiian/Pacific Islander.
- Candidates must be full-time scientists-in-training who are graduate students, medical students, residents, clinical fellows or equivalent, or postdoctoral fellows, who are either engaged in cancer research, or who have training and the potential to make contributions in this field.
- 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 Scholar Award must be signed by both the applicant and nominators.
- A personal statement from the applicant describing the benefit he/she expects to derive from attending the conference and the reasons for the candidate’s interest in the conference;
- A copy of his/her most recent curriculum vitae and bibliography;
- Two letters of reference must accompany this application. Please use an extra sheet of paper if additional space is required.
- 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. When reviewing applications, awardees will be selected on the basis of their qualifications, references from mentors, and an estimation of the potential professional benefit to the awardees. Additionally, the committee will consider factors such as first time applicants or total number of awards an applicant has already received and financial need for travel funds. 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.

Awardees are required to submit a report commenting on the scientific sessions they attended at the conference, as well as on the Minority Scholar Award Program. 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, February 6, 2019. Candidates are strongly encouraged to register for the conference by the application deadline date so as to receive all communications pertaining to the conference, i.e., housing, program updates, schedule of events, etc. The advance registration deadline is Thursday, March 21, 2019. If a registered applicant is not selected to receive an award, the applicant 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 Conferences website. Please forward inquiries to micr@aacr.org.

Application must be signed by candidate and nominator.
1. Applicant Name ____________________________________________
   Last   First M.I. ____________________________________________

2. Position Title (please check only one)
   ☐ Graduate Student      ☐ Medical Student      ☐ Postdoctoral Fellow
   ☐ Resident            ☐ Clinical Fellow     ☐ Other (specify): __________________________

3. Institutional Address ☐ Preferred mailing address
   Department ____________________________________________
   Institution ____________________________________________
   Mailing Address ____________________________________________
   City __________________________ State/Province __________
   Zip Code __________________________
   Telephone Number __________________________ Cell Phone __________________________
   E-Mail Address ____________________________________________

4. Home Address ☐ Preferred mailing address
   Mailing Address ____________________________________________
   Street ____________________________________________
   City __________________________ State/Province __________ Zip Code __________
   Telephone Number __________________________ Cell Phone __________________________
   E-Mail Address ____________________________________________

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

6. Race
   ☐ African American/Black      ☐ Alaskan Native      ☐ Hispanic/Latino
   ☐ Native American (Supply Tribe and Number) __________________________
   ☐ Native Hawaiian/Pacific Islander (Specify) __________________________

7. Gender ☐ Male                ☐ Female

8. Birth Date (Month/Day/Year): ____________________________

9. Place of Birth: ____________________________ (Country)

9. How did you learn about the availability of the AACR Minority Scholar Award?
   ☐ AACR Website      ☐ AACR E-mail      ☐ AAR Mailing      ☐ Colleague    ☐ Other __________________________

Education
10. Please list all degrees conferred or to be conferred, beginning with the most recent.
### Scientific Research

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

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

12. Describe your laboratory research experience in the field of cancer research.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

13. Describe your long-range educational and research training goals, as well as your career objectives in cancer and biomedical research.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

14. Within your institution, community, or the cancer field, do you serve or have 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:
__________________________________________________________________________________________

15. Regarding research focused on minority populations:

Are you currently engaged?  [ ] Yes  [ ] No  Have you previously been engaged:  [ ] Yes  [ ] No
16. Please enclose letters of reference from two faculty members from your institute or an institute that you have attended who can comment on both your academic and personal qualifications for this award. Any special information that the nominator can provide which would distinguish this applicant as a qualified minority researcher is welcomed.

Sponsor 1
Name __________________________________________
Title __________________________________________
Institution ______________________________________
Address ________________________________________
Telephone No. __________________________________
Fax No. _________________________________________
Email __________________________________________
Website/URL Address ____________________________

Sponsor 2
Name __________________________________________
Title __________________________________________
Institution ______________________________________
Address ________________________________________
Telephone No. __________________________________
Fax No. _________________________________________
Email __________________________________________
Website/URL Address ____________________________

17. Assurance and Signature of Applicant (Application must be signed by candidate and nominator)
If awarded, I agree to accept this award to attend the AACR Special Conference entitled, "Head and Neck Cancer Conference: Optimizing Survival and Quality of Life Through Basic, Clinical, and Translational Research," to attend all sessions, and to submit a final report on my attendance at the meeting. I also certify that 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 ______________

18. Institutional Certification (please print):
I certify that the applicant's statements are true and complete to the best of my knowledge. I understand that, if awarded, the check will be sent directly to the applicant and that there will be no deduction of any indirect costs. Further, I accept the responsibility for ensuring that the total amount of the award is returned to the AACR, if the awardee does not provide a report on his/her attendance at the meeting as specifically requested above.

Name __________________________________________
Title __________________________________________
Institution ______________________________________
Address ________________________________________
Telephone No. __________________________________
Fax No. _________________________________________
Email __________________________________________
Website/URL Address ____________________________
Relationship to applicant (department head, advisor, etc) ________________________________

Signature ______________________________________ Date ______________

Application Deadline: Wednesday, February 6, 2019
Application Checklist: Please use the following checklist to ensure all required materials for application are submitted.

☐ 1. Official Application Form
☐ 2. Candidate’s Personal Statement
☐ 3. Two letters of recommendation
☐ 4. Candidate’s abstract
☐ 5. Curriculum Vitae (including bibliography)

Please send completed application and additional materials to:

E-Mail: micr@aacr.org

Or by mail to:
American Association for Cancer Research (AACR)
c/o MICR
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106-4404
Website: www.aacr.org/MSA