



# AACR CLINICAL ONCOLOGY RESEARCH (CORE) TRAINING FELLOWSHIPS

[SEARCH FOR FUNDING](#)

**AACR**  
American Association  
for Cancer Research<sup>®</sup>

## I. APPLICANT INFORMATION\*

*\*Please attach applicant's CV to this application form*

\_\_\_\_\_  
Name, Degree

\_\_\_\_\_  
Institution

\_\_\_\_\_  
ORCID iD (optional)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State                      Zip/Postal Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

X \_\_\_\_\_  
Name    Date

I acknowledge that I have read and understand the [Terms and Conditions](#) of this grant and the [Intellectual Property Statement](#), and approve its submission for funding consideration.

## TRAINING/EDUCATION HISTORY

### Current Position

\_\_\_\_\_  
Title

\_\_\_\_\_  
Program/Department

\_\_\_\_\_  
Date of Employment

\_\_\_\_\_  
NPI Number

\_\_\_\_\_  
Specialty(ies)

### Medical Doctoral Degree

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Degree Conferred

\_\_\_\_\_  
Year of Degree Conferral

## CITIZENSHIP STATUS

\_\_\_\_\_

## AACR MEMBERSHIP NUMBER

*(or provide proof of application for membership when you submit your application)*

\_\_\_\_\_

## COMPANY PREFERENCE (rank in order of preference)

\_\_\_\_\_  
Agenus (Lexington, MA)  
AstraZeneca (Gaithersburg, MD)  
Bayer (Cambridge, MA)

## ACADEMIC MENTOR CONTACT INFORMATION\*

*\*Please attach mentor's biographical sketch to this application form*

\_\_\_\_\_  
Name, Degree

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

## INSTITUTIONAL CONTACT INFORMATION

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

X \_\_\_\_\_  
Name    Date

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## TECH TRANSFER OFFICE CONTACT INFORMATION

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

X \_\_\_\_\_  
Name    Date

I acknowledge that I have read and understand the [Intellectual Property Statement](#).

*Please keep a copy of the signed page for your records*



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**II. PERSONAL STATEMENT** *(Limited to Two Pages)*

Applicants should comment on their medical and scientific background, as well as their motivation for participating in the AACR Clinical Oncology Training Fellowship Program. Applicants should also state their career goals and measurable objectives, including how the experience at a pharmaceutical company will enhance their research skills and contribute to their career advancement.



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**III. BUDGET JUSTIFICATION** *(Limited to One Page)*

Applicants must submit a budget in the amount of \$100,000 over a one-year grant term.

The following expenditures are permitted under this grant:

- salary and benefits of the fellow;
- travel to the AACR’s award acceptance event (required);
- indirect costs for up to a maximum of 20% of the total direct costs

In addition to the grant funds, a limited stipend of up to \$7,500 may be provided separate from the grant funding to cover necessary costs for the fellow to travel to and from the industry site. Housing assistance may also be available (please see section 3.3 of the Program Guidelines and Application Instructions for more information).

CATEGORY/EXPLANATION	AMOUNT REQUESTED
<b>PERSONNEL</b>	
Include explanation here.	\$
<b>FRINGE BENEFITS</b>	
Include explanation here.	\$
<b>TRAVEL</b> <i>(Up to \$2,000 may be requested to support grantee’s registration and attendance at one required AACR Annual Meeting. No other travel is permitted. Travel funds are for the grantee only.)</i>	
Include explanation here.	\$
<b>INDIRECT COSTS</b> <i>(up to a maximum of 20% of the total direct costs by be requested)</i>	
Include explanation here.	\$



**IV. SECURED AND PENDING SUPPORT** *(Limited to One Page)*

In the table provided, list all support (institutional, federal, etc.) that has either been **secured** or is **pending** and may be used in whole or in part by the applicant during the term of this grant. Only funding sources that provide support specifically for the applicant, and where the applicant is the Principal Investigator, should be listed. This may include support for different projects.

*If not applicable, type "N/A" into the first field.*

**NOTE:** *If at any time prior to selection and notification an applicant is awarded any additional funding, the applicant must notify AACR immediately.*

Name of Principal Investigator	Name of Grant/Funding Source	Funding Agency	Grant Term	Amount of Funding	Percent Effort	Secured or Pending?