

## Virtual Scientist ↔ Survivor Program at the AACR Annual Meeting 2021 - New Applicant Application

### Applicant Information.

**Please complete this application in its entirety including the advocate poster section and letter of support. The application deadline is Friday, January 8, 2020. Applicants will be notified of their status by mid- February. Conference dates to be announced.**

**Please note, you cannot save your application online. Applications must be completed in one sitting. It is highly recommended that you review the application questions in the pdf. document prior to completing the application.**

**Incomplete applications will not be considered.**

**\* 1. Applicant**

**Name**

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Country**

**Email Address**

**Phone Number**

**\* 2. Please state your gender.**

- ☐ Male
- ☐ Female
- ☐ Genderqueer/Non-Binary
- ☐ Prefer not to disclose
- ☐ Fill in the blank

\* 3. Please check the descriptions below that correspond to the racial/ethnic groups which you most identify.

*Check all that apply.*

☐ African American / Black

☐ Hispanic / Latino

☐ Alaskan Native

☐ Native American

☐ Asian

☐ Native Pacific Islander

☐ Caucasian

Other (please specify)

\* 4. Please check the box that best describes you. *Please note, you do not need to be a cancer survivor to be accepted into the program.*

☐ Caregiver

☐ Research Advocate

☐ Cancer Survivor

☐ Policy Advocate

☐ Currently In Treatment

☐ Fundraising Advocate

☐ Metastatic Patient

☐ Other

If cancer survivor or patient, please identify the type of cancer.

\* 5. Please indicate and rank the top three organ site/focus of your advocacy.

☐

All cancers

☐

Brain cancer

☐

Breast cancer

☐

Colon & rectum cancer

☐

Gastrointestinal cancer

☐

Head & Neck cancer

☐

Kidney cancer

☐

Leukemia / Lymphoma

☐

Liver cancer

☐

Lung & Bronchus cancer

☐

Melanoma

☐

Multiple Myeloma

☐

Ovarian cancer

☐

Pancreatic cancer

☐

Pediatric cancer

☐

Prostate cancer

☐

Reproductive cancer

☐

Sarcoma & Soft Tissue cancer

☐

Skin cancer

☐

Stomach cancer

☐

Thyroid cancer

☐

Uterine Cervix

☐

Uterine Corpus

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### General Advocacy Information

\* 6. Rate your educational background and/or experience in the following areas.

	None (no direct knowledge/experience)	Mid-Level (have some training/familiarity)	Above Average (have had science education training/experience)
Knowledge of cancer research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of policy issues (funding, lobbying)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of involvement in patient support and public education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of involvement in cancer research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 7. Have you attended advocacy trainings or mentorship programs?

- ☐ Yes
- ☐ No

If yes, please list the program(s) you have participated in.

\* 8. Have you served as a cancer advocate on any grants or review boards?

- ☐ Yes
- ☐ No

If yes, please list the grants or review boards you have participated in.

\* 9. Please provide a detailed biography describing your involvement in cancer-related advocacy. *(If selected, your response will be included in program materials.) Please do not list accomplishments.*

\* 10. What are your current advocacy priorities and plans for the year 2021?

\* 11. What would you like to gain from your participation at the Scientist ↔ Survivor Program? How do you think the AACR Annual Meeting 2021 will help you enhance your ability to serve your constituency?

12. Please list scientific topics of interest.

Topic

Topic

Topic

Topic

\* 13. How did you hear about this training program?

- ☐ Scientist/Researcher
- ☐ Advocate
- ☐ AACR Newsletter / Email
- ☐ AACR Website
- ☐ Other (please specify)

14. Do you have a financial and/or business interest in, consult for, and/or receive funding from *(including honorariums and travel reimbursements)* a pharmaceutical company?

- ☐ Yes
- ☐ No
- ☐ If yes, please specify in what capacity and pharmaceutical company.

\* 15. Please provide a letter of support from a colleague.

Choose File

Choose File

No file chosen

16. If public, please provide your Twitter handle(s).

Twitter

*\* An independent advocate is an advocate that may represent multiple organizations or none at all and serve a constituency.*

Advocate Poster Session

**Each accepted advocate must present a poster during the conference. Please note: topic and description can change if accepted.**

\* 17. Title of Poster

\* 18. Please provide a draft description of your poster. The description should include information on your organization's mission, initiatives, programs and constituencies.

19. Are you applying as a representative of an organization?

☐

Yes

☐

No, I am applying as an independent advocate.



Independent Advocate.

\* 20. Briefly describe your constituency.

21. Do you serve racial/ethnic minorities, the underrepresented, and the medically underserved?

☐ Yes

☐ No

☐ If yes, please specify.

\* 22. How do you serve your constituencies?

\* 23. What programs and/or initiatives are you currently involved in?

\* 24. Have you been involved with any advocacy organizations?

☐ Yes

☐ No

☐ If yes, please list organization(s).

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Organization

25. What position do you currently hold within the organization?

- ☐ Founder
- ☐ Executive Director
- ☐ Staff
- ☐ Officer
- ☐ Board Member
- ☐ Volunteer
- ☐ Other (please specify)

\* 26. Organization

Organization Name

Executive Director / CEO

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Executive Director's  
Email

Phone Number

\* 27. Organization Website

\* 28. Please provide a brief description of the organization. *Description will be printed in program materials.*

\* 29. Briefly describe the organization's programs and services. *Please limit your response to 250 words.*

30. Briefly describe the constituents you serve.

\* 31. Do you serve racial/ethnic minorities, the underrepresented, and/or the medically underserved?

☐ Yes

☐ No

☐ If yes, please specify.

\* 32. Approximate number of constituents served annually:

\* 33. How many years has the organization been in existence?

☐ Less than 1 yr.

☐ 6-10 yrs.

☐ 1-5 yrs.

☐ More than 10 yrs.

\* 34. What is the geographic scope of the organization?

☐ National

☐ Local

☐ Regional

☐ International

☐ State

35. Does the organization have the following. *Check all that apply.*

☐ 501(c)3 status

☐ Research grant program

☐ A board of directors

☐ Policy program

☐ A newsletter

☐ Patient support program

☐ Other (please specify)

36. Please provide the organization's social media handle(s).

Twitter

Facebook

\* 37. Has your organization been involved in the Scientist ↔ Survivor Program in the past?

☐ Yes

☐ No

38. Please list the individuals (including yourself) that have represented the organization in the past.

Name

Name

Name

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Thank you for completing this application.

Submitting this application DOES NOT confirm that you or your organization will be selected to participate in the virtual Scientist ↔ Survivor Program at the Annual Meeting 2021. The selection process is competitive, as there are a limited number of spots available.

Advocates may only participate in the Scientist ↔ Survivor Program at AACR Annual Meeting twice. Once you have exhausted your opportunities, you may apply as an advocate mentor. However, acceptance into the virtual program will not be counted towards the two year quota for participation in the SSP at the Annual Meeting.

Applicants will be notified via email. Please add [ssprogram@aacr.org](mailto:ssprogram@aacr.org) to your contact list to remove from spam filter.

For additional information please contact:

Survivor and Patient Advocacy Program  
American Association for Cancer Research  
Email: [ssprogram@aacr.org](mailto:ssprogram@aacr.org)

AACR is thankful to its supporters of the Scientist ↔ Survivor Program.