

## Virtual Scientist ↔ Survivor Program at the AACR Annual Meeting 2021 - Past Participant Application

### Applicant Information.

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

**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 box that best describes you current status

- |   |   |
|---|---|
| <input type="checkbox"/> Cancer Survivor  | <input type="checkbox"/> Policy Advocate      |
| <input type="checkbox"/> Currently In Treatment   | <input type="checkbox"/> Fundraising Advocate |
| <input type="checkbox"/> Metastatic Patient   | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Research Advocate  |   |
| <input type="checkbox"/> If cancer survivor or patient, please identify the type of cancer. |   |

\* 4. Please indicate and rank the top three organ sites/foci 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

\* 5. Have you attended additional advocacy trainings or mentorship programs since your last participation?

☐ Yes

☐ No

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

\* 6. Have you served as a cancer advocate on any grants or review board since your last participation.

☐ Yes

☐ No

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

\* 7. Please provide a detailed an updated biography describing your involvement in cancer-related advocacy.  
*Please do not list accomplishments.*

\* 8. What are your current advocacy priorities and plans for the year 2021?

\* 9. What do you hope 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?

10. Please list scientific topics of interest.

Topic

Topic

Topic

Topic

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

☐ Yes

☐ No

☐ If yes, please specify in what capacity and pharmaceutical company.

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

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

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Advocate Poster Session

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

\* 13. Title of Poster

\* 14. Please provide a draft description of your poster. The description should include information on your organization's mission, initiatives, programs and constituencies.

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

☐

Yes

☐

No, I a applying as an independent advocate.

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Independent Advocate.

\* 16. Briefly describe your constituency.

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

☐ Yes

☐ No

☐ If yes, please specify.

\* 18. How do you serve your constituencies?

\* 19. What programs and/or initiatives are you currently involved in?

\* 20. Have you been involved with any advocacy organizations?

☐ Yes

☐ No

☐ If yes, please list organization(s).



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Organization

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

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

\* 22. Organization

Organization Name

Executive Director / CEO

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Executive Director's  
Email

Phone Number

\* 23. Organization Website

\* 24. Please provide a brief description of the organization. *Description will be printed in program materials.*

\* 25. Briefly describe the organization's programs and services. *Please limit your response to 250 words.*

26. Briefly describe the constituents you serve.

\* 27. Do you serve racial/ethnic minorities, the underrepresented, and/or the medically underserved?

☐ Yes

☐ No

☐ If yes, please specify.

\* 28. Approximate number of constituents served annually:

\* 29. How many years has the organization been in existence?

☐ Less than 1 yr.

☐ 6-10 yrs.

☐ 1-5 yrs.

☐ More than 10 yrs.

\* 30. What is the geographic scope of the organization?

☐ National

☐ Local

☐ Regional

☐ International

☐ State

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

- |   |  |
|---|--|
| <input type="checkbox"/> 501(c)3 status         | <input type="checkbox"/> Research grant program  |
| <input type="checkbox"/> A board of directors   | <input type="checkbox"/> Policy program          |
| <input type="checkbox"/> A newsletter           | <input type="checkbox"/> Patient support program |
| <input type="checkbox"/> Other (please specify) |  |

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

Twitter

Facebook

\* 33. Has your organization been involved in the Scientist ↔ Survivor Program in the past?

- ☐ Yes
- ☐ No

34. Please list the individuals that have represented the organization in the past. If you have represented the organization, please list your name.

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.