AACR
CLINICAL ONCOLOGY RESEARCH (CORE) TRAINING FELLOWSHIPS

SEARCH FOR FUNDING

AACR
American Association for Cancer Research®

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)*

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

☐ 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.

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 include details about their medical and scientific background; their motivation for wanting to participate in the AACR CORE program; and finally, 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.

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

Applicants should include details about their medical and scientific background; their motivation for wanting to participate in the AACR CORE program; and finally, 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.

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 Grant Awards Event (attendance 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
PERSONNEL	
Include explanation here.	$
FRINGE BENEFITS	
Include explanation here.	$
TRAVEL *(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.)*	
Include explanation here.	$
INDIRECT COSTS *(up to a maximum of 20% of the total direct costs by be requested)*	
Include explanation here.	$

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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?