# Scientist↔Survivor Program® at the AACR Annual Meeting 2022 - Advocate Mentor Application

## Applicant Information.

**Please complete this application in its entirety including the advocate poster section and letter of support. The application deadline is Friday, December 17, 2021. Applicants will be notified of their status by mid-January.**

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

- ○ Caregiver
- ○ Cancer Survivor
- ○ Currently In Treatment
- ○ Metastatic Patient
- ○ Research Advocate
- ○ Policy Advocate
- ○ Direct Patient Advocate
- ○ Fundraising Advocate

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

* 3. Please indicate the organ site/focus of your advocacy: *Check all that apply.*

- [ ] All cancers
- [ ] Brain cancer
- [ ] Breast cancer
- [ ] Colon & rectum cancer
- [ ] Gastrointestinal cancer
- [ ] Head & Neck cancer
- [ ] Kidney cancer
- [ ] Leukemia / Lymphoma
- [ ] Other (please specify)
- [ ] 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

* 4. The Scientist↔Survivor Program® at the Annual Meeting 2022 will be hybrid. How would you like to participate? *(Your selection does not determine your acceptance.)*

*The health and safety of AACR Annual Meeting attendees, as well as the patients and communities they serve, remain the AACR's highest priorities. Therefore, the AACR will be requiring proof of COVID-19 vaccination for all attendees.*

- ○ In-person
- ○ Virtually

* 5. Have you participated in any online educational training during the pandemic?

- ○ Yes
- ○ No

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

* 6. Have you attended other advocacy trainings or mentorship programs since your last participation?

- ○ Yes
- ○ No

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

* 7. Have you served as a cancer advocate on any grants or review boards since your last participation?

- ○ Yes
- ○ No

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

* 8. 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 include a CV.*

* 9. What are your advocacy priorities and plans for the year 2022?

* 10. What do you hope to gain from your participation at the Scientist↔Survivor Program®? How do you think the AACR Annual Meeting 2022 will help you enhance your ability to serve your constituency?

* 11. How will your participation at the Scientist↔Survivor Program® at the Annual Meeting 2022 benefit participating advocates?

12. Please list scientific topics of interest.

Topic

Topic

Topic

Topic

13. 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.

* 14. Are you applying as a representative of an organization?

- Yes
- No, I'm applying at an Independent Advocate.

If yes, please list organization(s).

## Independent Advocate.

* 15. Briefly describe your constituency.

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

- Yes
- No
- If yes, please specify.

* 17. How do you serve your constituencies?

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

* 19. Have you been involved with any advocacy organizations?

- Yes
- No
- If yes, please list organization(s).

20. Please provide social media handle(s).

Twitter

Facebook

## 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.
- 1-5 yrs.
- 6-10 yrs.
- More than 10 yrs.

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

- Local
- State
- National
- Regional
- International

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

- [ ] 501(c)3 status
- [ ] A board of directors
- [ ] A newsletter
- [ ] Other (please specify)
- [ ] Research grant program
- [ ] Policy program
- [ ] Patient support program

32. Please provide social media handle(s).

Twitter

Facebook

* 33. Has someone else from 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.

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 Scientist↔Survivor Program® at the Annual Meeting 2022. 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.**

**AACR will cover all travel and lodging for accepted participants during the program. However, participants are responsible for all incidental expenses including baggage fees, tips, poster costs, phone charges, laundry, meals outside the program, and rental cars.**

**Applicants will be notified via email. Please add 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 | Phone: 215-446-7104**

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