

SEARCH FOR FUNDING



I. APPLICANT INFORMATION*

*Places attach applicant's CV to this application form
*Please attach applicant's CV to this application form
Name, Degree
Institution
ORCID iD (optional)
oncid id (optional)
Mailing Address
City
,
7: /2
State Zip/Postal Code
Phone Number
Email Address
Email Address
X
Name Date
☐ I acknowledge that I have read and understand the <u>Terms and</u>
<u>Conditions</u> of this grant and the <u>Intellectual Property Statement</u> , and
approve its submission for funding consideration.
TRAINING/EDUCATION HISTORY
Current Position
Title
THE
Program/Department
Date of Employment
Date of Employment
Date of Employment NPI Number
NPI Number
NPI Number
NPI Number Specialty(ies)
NPI Number
NPI Number Specialty(ies)
NPI Number Specialty(ies) Medical Doctoral Degree
NPI Number Specialty(ies) Medical Doctoral Degree Institution
NPI Number Specialty(ies) Medical Doctoral Degree
NPI Number Specialty(ies) Medical Doctoral Degree Institution
NPI Number Specialty(ies) Medical Doctoral Degree Institution
NPI Number Specialty(ies) Medical Doctoral Degree Institution Degree Conferred
NPI Number Specialty(ies) Medical Doctoral Degree Institution Degree Conferred
NPI Number Specialty(ies) Medical Doctoral Degree Institution Degree Conferred
NPI Number Specialty(ies) Medical Doctoral Degree Institution Degree Conferred

AACR MEMBERSHIP NUMBER

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

COMPANY AND PROGRAM PREFERENCE (rank in order of preference)

- AstraZeneca
- Johnson & Johnson
 - Early-stage clinical development in interventional immunooncology therapies for NSCLC
 - Early-stage clinical development program aiming to intercept lung cancers in a high-risk population

CURRENT INSTITUTIONAL MENTOR CONTACT INFORMATION*

INFORMATION*	
*Please attach mentor's biographical sketch to this applicati	ion
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

_		
(
`		

Name Date
☐ I acknowledge that I have read and understand the Intellectual
Property Statement.



AACR

American Association for Cancer Research'

SEARCH FOR FUNDING

Please keep a copy of the signed page for your records

II. PERSONAL STATEMENT (Limited to Two Pages)

Applicants should include details about their 1) medical and scientific background; 2) motivation for wanting to participate in the AACR
CORE program; and 3) career goals and measurable objectives, including how the experience at a pharmaceutical company will enhance
their research skills and contribute to their career advancement



AACR

American Association for Cancer Research

SEARCH FOR FUNDING

II. PERSONAL STATEMENT (Limited to Two Pages; Continued)
Applicants should include details about their 1) medical and scientific background; 2) motivation for wanting to participate in the AACR
CORE program; and 3) career goals and measurable objectives, including how the experience at a pharmaceutical company will enhance
their research skills and contribute to their career advancement.





SEARCH FOR FUNDING

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 Meeting. No other travel is permitted. Travel funds are for the grantee only.)	one required AACR Annual			
Include explanation here.	\$			
INDIRECT COSTS (up to a maximum of 20% of the total direct costs by be requested)				
Include explanation here.	\$			





SEARCH FOR FUNDING

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?