

#### **Application Cover Sheet**

Complete and print this form and submit original copy along with USB flash drive. DO NOT SCAN SIGNATURES FOR PDF COPY OF COVER SHEETS.

#### 4 BBI 10 4 1 I

APPLICANT							
LAST NAME:		DEGREE(S):	Address:				
FIRST NAME:	MI:	GENDER:					
CITIZENSHIP: DATE OF BIRTH:		<del>1</del> :	TELEPHONE:	FAX:			
ACADEMIC TITLE (INCLUDE PGY YEAR IF APPLICABLE):			E-Mail:				
CURRENT INSTITUTION:			MEDICAL DEGREE DATE:				
DEPARTMENT(S):			MEDICAL DEGREE INSTITUTION:				
OTHER FUNDING AGENCIES APPLIED TO:			SIGNATURE:				
MENTOR							
LAST NAME:		DEGREE(S):	Address:				
FIRST NAME:	MI:	GENDER:					
CITIZENSHIP:	DATE OF BIRTH	H:					
ACADEMIC TITLE:			TELEPHONE:	FAX:			
DATE OF APPOINTMENT:			E-MAIL:				
INSTITUTION:			I HAVE READ AND APPROVED THE APPLICANT'S RESEARCH PROPOSAL: Y				
DEPARTMENT(S):			SIGNATURE:				
RESEARCH PROPOSAL							
TITLE:			RESEARCH AREA [refer to the following 'Area of Study' list, select <u>one</u> option]:				
			TYPE(S) OF CANCER [refer to the following 'Type of Cancer' list for option(s)]:				
HUMAN SUBJECTS: Y N			BIOHAZARDS: Y N				
VERTEBRATE ANIMALS: Y N			I CONFIRM THAT THERE IS NO SCIENTIFIC OVERLAP BETWEEN ANY OF MY OTHER SOURCES OF RESEARCH SUPPORT AND THE PROPOSED PROJECT:				

# Damon Runyon Cancer Research Foundation

### **Physician-Scientist Training Award**

### **Application Cover Sheet 2**

Complete and print this form and submit original copy along with USB flash drive.

SPONSORING DEAN OR DEPARTMENT CHAIR							
NAME:		GENDER:	Institution:				
TITLE:			Address:				
TELEPHONE:	FAX:		-				
E-Mail:		SIGNATURE:					
FISCAL OFFICER							
NAME:		GENDER:	Institution:				
TITLE:			Address:				
			-				
TELEPHONE:	FAX:						
E-MAIL:		SIGNATURE:					
APPROVED BY EXECUTIVE OFFICER							
NAME: GE		GENDER:	INSTITUTION:				
Title:			Address:				
TELEPHONE:	FAX:		_				
E-Mail:			SIGNATURE:				
CO-MENTOR (if applicable)							
LAST NAME:		Degree(s):	Address:				
FIRST NAME:	MI:	GENDER:	_				
CITIZENSHIP:	DATE OF B	IRTH:					
ACADEMIC TITLE:			-				
DATE OF APPOINTMENT:			TELEPHONE:	FAX:			
Institution:			E-Mail:				
DEPARTMENT(S):			SIGNATURE:				

# Damon Runyon Cancer Research

#### **Foundation**

#### **AREA OF STUDY**

Fill in the space on the cover sheet with **one** of these areas, the primary focus of your research:

- Aging
- > Animal Models/Mouse Models
- Basic Genetics
- Basic Immunology
- Biochemistry
- Bioinformatics
- Biomedical Engineering
- Biophysics
- Cancer Genetics
- Carcinogenesis
- Cell Biology
- Cell Death
- Chemical Biology
- Chemoprevention
- Chemoresistance
- Chromatin Biology
- Chromosome and Telomere Biology
- Computational Biology
- Developmental Biology
- Developmental Neurobiology
- Diagnostics
- Drug Discovery
- Endocrinology
- > Epidemiology/Population Science
- Epigenetics
- Evolution
- Experimental Therapeutics
- Gene Therapy
- Genomics
- Imaging
- Immunotherapy
- Infectious Disease
- Invasion and Metastasis

- Medicinal Chemistry
- Microbiology
- Nanotechnology
- Neuroscience
- Organic Chemistry
- Outcomes Research
- Pain Management/Palliative Care
- Pathology
- Pharmacogenomics and Biomarkers
- Physical Chemistry
- Prevention
- Proliferation/Cell Cycle
- Protein processing
- Proteomics
- RNA (RNA processing, miRNA and piRNA mechanisms, enzymatic RNAs etc.)
- Senescence
- Signal Transduction
- Stem Cell Biology
- Structural Biology
- Surgical Oncology
- Systems Biology
- Toxicology/Toxicogenomics
- Tumor Immunology
- Vaccine Therapy
- Vascular Biology/Angiogenesis
- Virology

## Damon Runyon Cancer Research

#### Foundation

#### Type(s) of Cancer

Fill in the space on the cover sheet with any that are directly related to your research:

- > AIDS-Related Cancers
- All Cancers
- > Bladder
- Breast
- Colorectal
- Esophageal
- Ewing's Tumors
- Gallbladder
- Gastric
- Gynecological (including Cervical, Endometrial, Ovarian, Uterine, Vaginal, Vulvar)
- Head and Neck
- Kidney (Renal Cell)
- Leukemias
- Liver (including Hepatocellular, Cholangiocarcinoma, etc.)
- > Lung
- Lymphomas
- Merkel Cell
- Mesothelioma
- Myeloma (including Monoclonal Gammopathy of Undetermined Significance)
- Nasopharyngeal
- Neuroendocrine (including Carcinoid, Adrenal Pheochromocytomas, Medullary Carcinomas of the Thyroid, Multiple Endocrine Neoplasia Syndromes, Pancreatic Endocrine Tumors, etc.)
- Neuro-oncology (including Adult Brain, Pediatric Brain, Meningiomas, CNS, etc.)
- Pancreatic
- Prostate
- Retinoblastoma
- Sarcomas
- > Skin (Melanoma and Non-melanoma)
- Testicular (including other Germ Cell Tumors)
- Thyroid (including Papillary, Follicular and Anaplastic)
- Wilm's Tumor