

Application Cover Sheet- Page 1
Postdoctoral Research Fellowships for Basic and Physician Scientists
Complete all sections. Electronic/scanned signatures are acceptable.

SPONSOR

NAME:		DEGREE:	INSTITUTION:	
TITLE:		GENDER:	DEPARTMENT AND ADDRESS:	
TELEPHONE:	EMAIL:			

CANDIDATE

NAME:		GENDER:	MONTH AND YEAR JOINED / WILL JOIN SPONSOR'S LAB:	
CURRENT INSTITUTION:		OTHER AGENCIES APPLICATION SUBMITTED TO:		
CURRENT ADDRESS:		PROPOSAL TITLE:		
CELL PHONE:	EMAIL:		CITIZENSHIP:	BIRTH DATE:
DOCTORAL DEGREE:		MONTH AND YEAR OF CONFERRAL:		

FISCAL OFFICER (Sponsor's Institution)

NAME:		GENDER:	INSTITUTION:	
TITLE:		ADDRESS:		
TELEPHONE:	EMAIL:			
FISCAL OFFICER'S SIGNATURE:				

APPROVED BY EXECUTIVE OFFICER (Sponsor's Institution)

NAME:		GENDER:	INSTITUTION:	
TITLE:		ADDRESS:		
TELEPHONE:	EMAIL:			
EXECUTIVE OFFICER'S SIGNATURE:				

FORM CONTINUES ON NEXT PAGE

Application Cover Sheet- Page 2
Postdoctoral Research Fellowships for Basic and Physician Scientists

Complete all sections. Attach additional pages if necessary. Electronic/scanned signatures are acceptable.

To be completed by Sponsor:
 The candidate wrote _____% of the proposal.
Comments (optional):

To be completed by Candidate:
 Provide a written statement testifying that adequate safety precautions will apply for projects that involve any biohazards (e.g., recombinant DNA, chemical carcinogens) and that the research project has been (or will be) approved by the appropriate Institutional Review Board, Institutional Animal, Care and Use Committee, and/or Biohazards Committee.

Postdoctoral training in the same institution in which the candidate received his/her degree is discouraged, particularly if it is in the same department. If applicable, please address the reason(s) for remaining in same institution.

SPONSOR'S SIGNATURE	DATE
CANDIDATE'S SIGNATURE	DATE

APPLICANT'S LAST NAME:

DAMON RUNYON
CANCER RESEARCH
FOUNDATION

Co-Sponsor Cover Sheet

Complete this form ***only*** if applying under the supervision of two Sponsors.

CO-SPONSOR

NAME:	DEGREE:	INSTITUTION:
TITLE:	GENDER:	ADDRESS:
TELEPHONE:		SPONSOR'S SIGNATURE:
EMAIL:		

Complete this section ***only*** if the Co-Sponsor is at a ***different*** institution than the Sponsor.

FISCAL OFFICER (Co-Sponsor's Institution)

NAME:	GENDER:	INSTITUTION:
TITLE:	ADDRESS:	
TELEPHONE:	EMAIL:	FISCAL OFFICER'S SIGNATURE:

APPROVED BY EXECUTIVE OFFICER (Co-Sponsor's Institution)

NAME:	GENDER:	INSTITUTION:
TITLE:	ADDRESS:	
TELEPHONE:	EMAIL:	EXECUTIVE OFFICER'S SIGNATURE:

Dear Applicant,
We invite you to complete our applicant demographic survey.
Responses to the questions below are optional.

1. What are your pronouns? Please check all that apply.

- He/him/his
- She/her/hers
- They/them/theirs
- Prefer not to answer
- Other/Prefer to self-describe:

2. Which best describes your gender identity? Please check all that apply.

- Man
- Woman
- Transgender
- Non-binary
- Prefer not to answer
- Other/Prefer to self-describe:

3. How do you describe yourself? Please check all that apply.

- Alaska Native or American Indian or Indigenous or Native American
- Asian or Asian American
- Black, African, Afro-Caribbean or African American
- Hispanic/Latina/o/e/x or of Spanish origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Other/Prefer to self-describe:

4. Are you the first generation in your immediate family to graduate from a 4-year undergraduate institution?

Yes

No

Prefer not to answer

5. Do you consider yourself to be from a disadvantaged socioeconomic background? If yes, please address this in your Personal Statement.

Yes

No

Prefer not to answer