

VCU Massey Cancer Center
Application for an Individual Allocation from American Cancer Society
Institutional Research Grant #IRG-18-159-43

Applicant Biographical Information

First Name, Last name, Degree(s)

Academic Title

Department

School

Applicant's Mentor

Name

Signature

Citizenship Status

U.S. citizen or noncitizen national

Permanent resident of U.S. (*attach notarized evidence*)

Year last degree conferred:

Year of first independent faculty position:

Verification of Applicant Eligibility by Department Chair (*Applicants must be within six years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have competitive national funding active at the start date of the proposed IRG allocation.*)

Name of Department Chair

Signature

Date:

Education

Degree/year conferred

Institution/Location

Field of study

Training

Title

Mentor

Institution/Location

Dates

First Name, Last name, Degree(s) _____

Appointments

Title	Institution/Location	Dates

**Current & Pending Research Support:
(For each: Sponsor, Grant Title, PI, Start and End Dates, and Annual Direct Cost)**

Publications (use continuation page if necessary)

VCU Massey Cancer Center
Statement of Compliance with ACS-IRG Guidelines

If I am selected to be a recipient of an American Cancer Society Institutional Research Grant from the VCU Massey Cancer Center, I agree to acknowledge this grant with the phrase “**Supported in part by Grant #IRG-18-159-43 from the American Cancer Society**” in all related publications.

In addition, I will send a copy of any publications or abstracts to the administrative offices of the VCU Massey Cancer Center (PO BOX 980037) or email to opatterson@vcu.edu.

A short presentation of ongoing progress and next steps in the 6th month of the award is expected to be made to the Program Leaders. The scheduling of this presentation will be made prior to the date.

Signature

Date

Name – Please print

Project Abstract: Technical Version

First Name, Last name, Degree(s) _____

Project Title _____

Project Abstract: (In the space below, present a brief abstract of the project. **Do not exceed space provided**).

Please indicate the category of research. This will affect the selection of reviewers.

- Basic/Laboratory Research (e.g., Animal Models)
- Clinical Research (e.g., Clinical Trials)
- Cancer Control (e.g., Epidemiology, Behavioral Sciences, Quality of Life, Health Services Research)

Project Abstract: Lay Language Version

First Name, Last name, Degree(s) _____

Project Title _____

Project Abstract: (In the space below, present a brief abstract of the project suitable for a lay [non-scientific] audience. **Do not exceed space provided**).

First Name, Last name, Degree(s) _____

PROJECT TITLE:

DESCRIPTION OF RESEARCH PROPOSED: