

Grant Application	Date Submitted:		
	Proposal Type:		
	If renewal, current grant:		
	Resubmission?	Comm Code:	
		1st or 2nd:	
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>			
APPLICANT NAME		HIGHEST DEGREE(S)	
POSITION TITLE:		APPLICANT'S CURRENT INSTITUTION	
ACADEMIC RANK:			
DIVISION:			
DEPARTMENT:			
E-MAIL ADDRESS:			
Tel:		Fax:	
MAILING ADDRESS <i>(Street, city, state, postal code, country)</i>			
PROGRAM ELIGIBILITY INFORMATION: <i>(Responses to selected fields displayed below. For some grant programs this section may be blank.)</i>			
DATES OF PROPOSED PROJECT <i>(MM/DD/YYYY)</i>		PROPOSED BUDGET	
From		Through	
Name		SIGNING OFFICIAL FOR	
Address		Name	
		Title	
		Address	
Tel:		Tel:	
EIN		Fax:	
DUNS		E-MAIL ADDRESS	
HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes		VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
Human Subjects Assurance No.		Animal welfare assurance no.	
IRB Status:		IACUC Status:	
IRB Date:		IACUC Date:	
ASSURANCE OF THOSE SIGNING THIS APPLICATION: I certify that the statements in this Application that pertain to me and my Institution are true, complete, and accurate to the best of my knowledge, and that I have provided all information required by this Application. I am aware that false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I agree that I will (and the Signing Official further represents that the institution will) comply with all Grant Policies of the Society, including reporting requirements, to the extent applicable. I understand that a failure to comply with such Policies, or the the terms of the Application, or any additional terms associated with a Grant, may result in the Society suspending or cancelling Grant funding, to be decided by the Society at its sole discretion. The Applicant certifies, and the Signing Official certifies that the Institution has verified, that the Applicant is eligible to work in the United States of America for the period of the award.			
SIGNATURE OF APPLICANT (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF DEPARTMENT HEAD (In ink. "Per" signature not acceptable)	DATE
SIGNATURE OF PRECEPTOR (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF SIGNING OFFICIAL (In ink. "Per" signature not acceptable)	DATE

Applicant:

Application Contacts

Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Tel:	
Fax:		Fax:	
E-mail		E-mail	

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

SAMPLE

TECHNICAL ABSTRACT

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

SAMPLE

TABLE OF CONTENTS

Section	Page
Cover Pages (Signature Page with Assurances and Certification, Contact Page, General Audience Summary and Structured Technical Abstract)	
Table of Contents	1.1
Reply To Previous Review (resubmitted and renewal applications)	2.1
Copies of prior critiques (resubmitted and renewal applications only)	
Part I: Candidate Information	3.1
Dissertation Program Activities	4.1
Coursework.....	5.1
Program Progression/Time Line	6.1
Research Plan	7.1
Part II. Program - Preceptor Information.....	8.1
Biographical Information for Faculty Advisor/Dissertation Chair.....	9.1
Application Appendix.....	
Transcripts	

REPLY TO PREVIOUS REVIEWS (resubmissions [and renewal](#) applications)

Membership in Professional Organizations

Dates Organization Offices Held/Committee Memberships

Volunteer Activities (with the American Cancer Society or other community organizations)

Dates Organization Activity/Frequency

PROFESSIONAL CONTRIBUTIONS: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

Date Title Location (e.g., title of conference and sponsoring organization) Audience

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

Date	Title of Research and PI	Role	Outcomes
------	--------------------------	------	----------

d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title
------	-------

C. DOCTORAL PROGRAM ACTIVITIES

D. COURSEWORK Update the plan of the courses you previously projected to fulfill your degree requirements by adding grades and the outcomes for completed courses (*see the example on the first line.*) **If this was a change from your projected course of study, indicate with an asterisk (*) and explain the reason for the change on the line below.** [Use continuation pages as needed (*you may also delete the example from your document.*)]

EXAMPLE:

Spring 2013

SW602: Research for
Social Work Practice I

3

A

Epistemological and methodological
considerations for both quantitative and
qualitative research for social work
practice.

Outcome examples: core knowledge,
experience in research skill; abstract or
paper submitted; grant or portion written

E. PROGRAM PROGRESSION TIME LINE Complete all parts, even if some dates are to be determined. Applicants submitting Research Plan 2 must explain if some dates are approximate.

Program Phase	Completion date given in original application	If applicable, revised completion date <u>and</u> explanation of change	If completed, actual date of completion
Course Work			
Preliminary Exam and/or Qualifying Exam			
Proposal Defense or Colloquium			
Admitted to Candidacy			
IRB Proposal Approval for Dissertation Research A. Academic Institution B. Data Collection Site(s) <i>(Include all sites)</i>			
Data Collection			
Data Analysis			
Dissertation Defense			
Final Filing With Graduate Office/Graduation Release			

Applicant: [Click here and type last name, first name]

7.1

F. RESEARCH PLAN (Check One) PART 1 _____ or PART 2 _____
Note: headings provided in Instructions must be used.

PART II. PROGRAM - PRECEPTOR INFORMATION

To be completed by the preceptor /dissertation chair. See Instructions.

- A. Update the original training plan for the candidate with any additional educational or research activities (e.g., classes, seminars). Include here professional conferences the student and mentor plan to attend using grant funding.
- B. If the preceptor has changed or advisors have been added since the initial application, this section must address this (see the Instructions). Otherwise, insert "N/A."
- C. Comment on the candidate's progress in the doctoral program. Please note that any changes listed by the applicant on the Program Progression Timeline must be addressed here as well.

Provide the following information for the preceptor/dissertation chair and program faculty.
 Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(S)	FIELD OF STUDY

A. Licensure and certification credentials with dates (as credentials vary from state to state, provide enough detail so that the reviewers understand the nature of the license, for example, identifying that a particular license is for independent clinical practice):

B. Research and Professional Experience

Starting with present position and responsibilities, list relevant experience, including research, teaching, supervisory/advisory, and clinical activities, include dates:

Other previous training/experience relevant to oncology. List chronologically (include dates) beginning with most recent; include volunteer activities:

continued)

Academic/professional honors, awards, consultantships and/or activities. Specify dates and national/local status:

Memberships and service to principal national professional societies:

C. Professional Contributions: representative publications, presentations, workshops relevant to oncology psychosocial research, practice and teaching; include dates: