

NATIONAL CANCER CENTER  
88 Sunnyside Boulevard  
Plainview, NY 11803  
(516) 349-0610  
[natlccancer@aol.com](mailto:natlccancer@aol.com)

### **FELLOWSHIP APPLICATION GUIDELINES**

National Cancer Center (NCC) has established funding for a limited number of **post-doctoral** fellowships for qualified applicants to receive training and experience in molecular genetics and the cellular aspects of cancer biology and tumor immunology. Preference will be given to studies that have direct relevance to the diagnosis and treatment of human cancer.

Post-doctoral fellowships from NCC are established at \$40,000. for the first year and \$42,000. in the second year, if renewed. Fellowships are intended for applicants under age 35 with less than two years of post-doctoral laboratory experience, except in extenuating circumstances. Fellowships are also limited to applicants having received no more than one prior fellowship or one career development award. **Individuals receiving concurrent support from another organization are not eligible to apply.**

Fellowship awards are not necessarily restricted to salary. Depending on the circumstances, part of the funds may be used for supplies or other valid expenses, which should be listed in the proposed budget. NCC reserves the right to delete any item it deems inappropriate.

The fellowship may be transferable upon application and review, in the event that the fellow leaves the sponsoring organization.

Fellowships generally are extended for a second year. However, adequate progress must have been demonstrated during the first year as evidenced through a progress report submitted with renewal application.

Awards are limited to one per laboratory. There can be several different applications if they are on different topics. However, only one award could be made per lab in any round of applications.

NCC fellowship grants do not include funds for institutional overhead and a statement by the institution accepting this condition is required.

### **FELLOWSHIP APPLICATION INSTRUCTIONS**

1. Deadline for application, to be received in Plainview, New York, is on December 15, 2010. Notification of awards will be on or about April 30, 2011.
2. Prepare original and seven copies of application, collate all material, mail to:

National Cancer Center  
88 Sunnyside Blvd., Suite 307  
Plainview, NY 11803

3. Complete page 1 of application form provided by NCC
4. Provide a clear and concise description of the proposed investigation and its potential for improved diagnosis or treatment of human cancer. Do not exceed four double-spaced typewritten pages, following this format: Specific Aims (1/2 page), Significance (1/2 page), Background/Preliminary Data (2 pages), and Methods (1 page).
5. Provide a one-page listing of publications pertinent to project.
6. Provide a statement relative to Other Support.
7. Provide a one-paragraph description of project in lay terms. Include a statement giving NCC permission to publicize research in fund raising appeals.
8. Sponsor of Fellow must provide a brief description of project to be undertaken, personal evaluation of applicant's qualifications, include sponsor's two page NIH-format Biographical Sketch and publications pertinent to project. Sponsor must complete statement relative to other support.
9. Provide a simple budget outlining proposed expenditures.
10. An additional letter of recommendation from an individual who can vouch for applicant's personal integrity and professional competence is required.
11. A Progress Report, containing no less than 750 words, summarizing activity and describing significant developments, must be submitted according to the following schedule:  
  
For fellows applying for a second year's funding, this report must accompany renewal application.  
  
Fellows not requesting funding for a second year, or those who have completed two years of funding, must file a final progress report two months prior to termination of fellowship. PLEASE NOTE: No reminder will be sent.
12. Scientific publications resulting from research activity undertaken during fellowship period, must acknowledge support from National Cancer Center.
13. N.B. Late arriving, incomplete, or applications not conforming to these instructions will not be considered.

\_\_\_\_\_  
Date

NATIONAL CANCER CENTER  
88 Sunnyside Boulevard  
Plainview, N.Y. 11803

Application for Fellowship Funding      Pre-doctoral      Post-doctoral (indicate one)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

In event application is approved, indicate how check should be made out (institution only)

\_\_\_\_\_  
TITLE OF PROJECT \_\_\_\_\_

\_\_\_\_\_

ABSTRACT: (Do not exceed 300 words)

**STATEMENT OF UNDERSTANDING**

It is understood that upon approval of the attached Budget, National Cancer Center will make payments to the institution.

It is further understood that the institution or grantee receiving this grant will submit an annual report of expenditures, and will return any expended balance at the termination of the grant period. It is also understood that the Principal Investigator will present a report to the National Cancer Center.

Any publications resulting from research carried out during tenure of the grant should mention that support was given by National Cancer Center.

Date: \_\_\_\_\_

**Principal Investigator** \_\_\_\_\_  
(Type name) (Signature)

**Department Head** \_\_\_\_\_  
(Type name) (Signature)

**Financial Officer** \_\_\_\_\_  
(Type name) (Signature)

**Institute Director** \_\_\_\_\_  
(Type name) (Signature)

If mailing address of any official differs from that of the institution, please list below.

Principal Investigator/Program Director (Last, first, middle): \_\_\_\_\_

### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.  
Photocopy this page or follow this format for each person.

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

**RESEARCH AND PROFESSIONAL EXPERIENCE:** Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

Principal Investigator/Program Director (*Last, first, middle*): \_\_\_\_\_

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### OTHER SUPPORT

(Use continuation pages if necessary)

Applicant and sponsor please list, in three separate groups: (1) active support; (2) applications and proposals pending review or funding; (3) applications and proposals planned or being prepared for submission. Include all Federal, non-Federal, and institutional grant and contract support. If none, state "none". For each item give the source of support, identifying number, project title, name of principal investigator/program director, time or percent of effort on the project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent project and the subproject and give the annual direct costs of each.) Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary overlaps or boundaries.