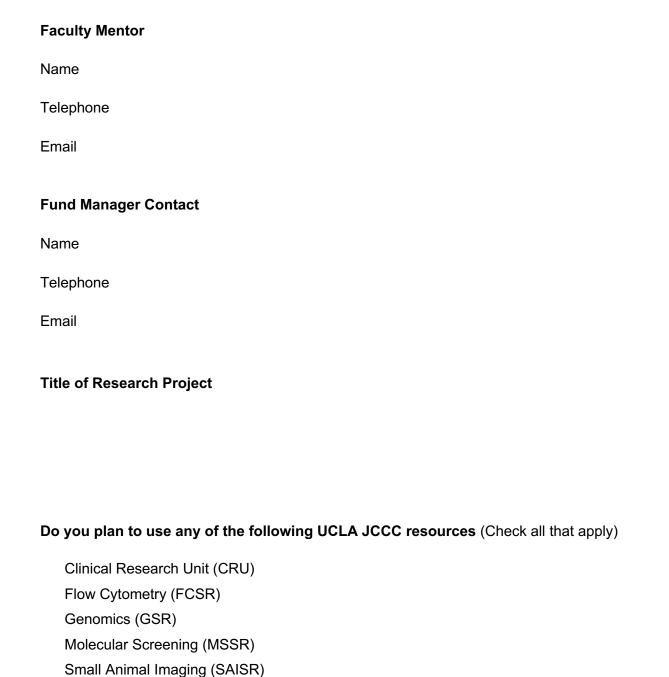


APPLICATION FOR A FELLOWSHIP AWARD

Applican	t (Graduate Student, Post-doc, Fellow or Residen	its only)
Name		
Title		
Departme	ent/Division	
Email		
OPTIONA Fellowship this inform	phic information of the applicant only (The follows. Your response will be kept strictly confidential program will not affect your score and will only enation in an effort to better understand our member ommitment of promoting equity, diversity and inclusions.	and demographic data of our UCLA JCCC ever be reported in aggregate. We ask for ership and better enable our Center to live
M	ale	
Fe	emale	
No	on-Binary/Genderqueer	
Tr	ransgender: Trans Man/Trans Woman	
Pr	refer to self-describe, please use text box	
Pr	refer not to answer	
Please id	lentify yourself as any of the below groups:	
А	frican American/Black	Asian
Α	merican Indian or Alaska Native	Native Hawaiian or Other Pacific Islander
L	atino (all races)	White
	wo or more races, select all from the categories a	



Translational Pathology Core Laboratory (TPCL)

Biostatistics, Analytical Support and Evaluation (BASE)

Approvals

For consideration of this grant, applications must also be submitted to the appropriate University Committee(s) by the grant deadline. If this application is approved, funds will not be allocated until the appropriate approval forms have been received by the UCLA JCCC.

1. With respect to the Human Subjects Protection Committee*, check one:

IRB approval enclosed

Submitted to the Human Subjects Protection Committee on

Human Subjects Protection Committee approval was specifically waived (exempt,

HS-7 form enclosed)

No human subjects or human materials will be used in this study

*Note: committee approval must be obtained **specifically** for the study proposed in this application (i.e., title and identifying data for the study must be identical).

2. With respect to the Animal Research Committee, check one:

Approved AC-2 form enclosed

Submitted to the Animal Research Committee on

No animal subjects or animal materials will be used in this study

3. Recombinant DNA/Infectious Agents approval (if appropriate), check one:

Biosafety Committee approval enclosed

Submitted for DNA approval on

but not yet approved

No recombinant DNA/infectious agent research is involved

Signatures	(Please Print	Name Above	Signature)
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Name		
Signature		
	Graduate Student, Post-Doc, Fellow or Resident	Date
Name		
Signature		
	Faculty Mentor	Date

Budget for this Research Project (12 Months) No faculty salaries allowed – salaries for graduate student, post-doc, fellow or resident allowable).

Personnel (Faculty salaries not allowable)				Total Funds
Name & Position Title	% Effort	Salary	Benefits	Requested
			Personnel Subtotal	
Consumable Supplies (Item	ize)			
			Supplies Subtotal	
Research Patient Costs				
		Doggarah D	atient Costs Subtotal	
Other Expenses (Equipment must be justified; capital equipment, travel, and non-project specific costs are unallowable)				
		Othe	er Expenses Subtotal	
Must not exceed maximu	ım allowable bu	dget	TOTAL	

Please provide brief justifications for budgeted items.	
1a) Scientific abstract of proposed research project (200 words or less).	
(b) Lay summary of proposed research project (two to three sentences).	
2. Research Proposal	
Please follow the guidelines and instructions currently specified by the NIH for F applications, but wit the understanding that this application requests funding for only one year. That is, the application	h

should include a one-page Specific Aims section followed by a Research Strategy section. The Research Strategy section (six pages maximum) includes three sub-sections: Significance, Innovation and Approach. In the Significance section, please be sure to emphasize why the research is relevant to the cancer problem. If applicable, please also include how the research is relevant to UCLA JCCC's catchment area, Los Angeles County, and supports diversity, equity, and inclusion. Also, discuss the feasibility of obtaining needed patient samples and include a biostatistical plan, if applicable.

The text must be prepared in 11 point Arial font with 0.5" margins. Figures must be embedded in the application and it is the applicant's responsibility to ensure that figures are at sufficient resolution for a critical evaluation.

Checklist

Please ensure that all items on this checklist are included with your application.

Signatures

Applicant

Faculty Mentor

Copies

One (1) PDF electronic copy

Address/Phone

Applicant's complete contact information (on face page)

Mentor's complete contact information (on face page)

Fund manager's complete contact information (on face page)

Supporting Documentation

NIH format "Other Support" page

Letters of Support/Recommendation (minimum two, maximum four; one must be from the faculty mentor. Note: Mentors are requested to include a statement on the applicant's independent contributions to the research plan).

Applicant's Biosketch or CV (Please only submit Applicant's Biosketch/CV. Please do not submit mentor's Biosketch)