**2024 Equitable Horizons Cancer Research Grant**

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| BIOGRAPHICAL INFORMATION | | | | | | | | | | | | | | | | | | |
| First Name, Last Name, Degree(s) | | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | | | | |  | | | | | | |  |
|  |  | | | | | | | | | |  | | | | | | |  |
|  | Academic Title | | | | | | | | | | Department | | | | | | |  |
|  |  | | | | | | | | | |  | | | | | | |  |
|  | School | | | | | | | | | |  | | | | | | |  |
| Citizenship Status | | | | | | | | | | | | | | | | | | |
|  |  |  | U.S. | | | | | | | | |  | Non-U.S. citizen (temporary resident) \*\*\* | | | | | |
|  |  |  | Non-U.S. citizen (permanent resident) | | | | | | | | |  | Non-U.S. citizen \*\*\* | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Year last degree conferred: | | | | | |  | | | Year of first independent 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 funding)* | | | | | | | | | | | | | | | | | | |
| Name of Department Chair | | | | | | |  | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | Date: | | |  |  |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | | **Education** | | | | | | | | | |  | | | |
| Degree/year conferred | | | | | Institution/Location | | | | | | | | | | Field of study | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | | **Training** | | | | | | | | | |  | | | |
| Title | | | | | Mentor | | | | | Institution/Location | | | | | | Dates | | |
|  | | | | |  | | | | |  | | | | | |  | | |
| *\*\*\* Any applicant for this pilot project funding who is not a U.S. citizen must hold a visa that will allow him or her to remain in the U.S. long enough to complete the pilot project. It is the responsibility of the institution to determine and document the visa status of any noncitizen recipient of the funds.*  Continued on next page | | | | | | | | | | | | | | | | | | |

*Submit completed form to Danny Inman at* [*inmand@karmanos.org*](mailto:inmand@karmanos.org)

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| --- | --- | --- | --- | --- | --- |
| First Name, Last Name, Degree(s) | | |  | |  |
|  | | | | | |
| **Appointments:** |  | | |  | |
| Title | | Institution/Location | | Dates | |
|  | |  | |  | |
| **Other Research Support:** | | | | | |
|  | | | | | |
| **Publications** (use continuation page if necessary)**:** | | | | | |
|  | | | | | |
| Continued on next page | | | | | |

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| --- | --- | --- |
| First Name, Last Name, Degree(s) |  |  |

PROJECT TITLE:

**DESCRIPTION OF RESEARCH PROPOSED** (including Background, Objective/Hypothesis, Specific Aim(s), Study Design, and Cancer Relevance)