Application Cover Sheet
CRI Irvington Postdoctoral Fellowship Program

Applicant's Name: _____

Doctoral Degree(s)
& Date(s) Received: _____

_____

Project Title: _____

_____

_____

Sponsor's Name: _____

Institution: _____

_____   _____
City   State/Country

Letter(s) of Recommendation From:

1. _____ (thesis advisor)

2. _____

Application Form
CRI Irvington Postdoctoral Fellowship Program
Section One: Applicant Information

Title	First Name	M.I.	Last Name	Jr., etc.	Doctoral degree(s)

Current Laboratory Address: _____

_____

_____

City	State	Zip Code

Tel.: _____   Fax: _____   E-mail: _____

Sex: Male   Female   Date of Birth: _____
                                                        Month/Day/Year

Place of Birth: _____   _____
                City   State/Country

U.S. Citizen: Yes   No

If No: Visa Status: _____   Citizenship: _____

Most Recent Doctoral Degree: _____   Date received: _____

If pending, expected date of completion: _____
                                          Month/Year

Degree-Granting Institution: _____

City	State/Country

Other Doctoral Degree: _____   Date received: _____
                                                             Month/Year

Degree-Granting Institution: _____

City	State/Country

Undergraduate Degree: _____   Date Received: _____
                                                            Month/Year

College/University: _____

City	State/Country

Application Form
CRI Irvington Postdoctoral Fellowship Program

Section Two: Sponsor Information

_____	_____	_____	_____	_____
Title	First Name	M.I.	Last Name	Jr., etc.

Doctoral Degree(s): _____   _____

Laboratory
Mailing Address: _____

_____

_____

_____

_____	_____	_____
City	State	Zip Code

Tel.: _____   Fax: _____   E-mail: _____

Section Three: Financial Information

Requested Duration of Support: _____   Requested Activation Date: _____
(2 or 3 years)   No. of Years   Month/Day/Year

Stipend and Institutional
Allowance Payable to: _____
                      (both must be payable directly to sponsoring institution)

Mailing Address for Check: _____

_____

_____	_____	_____
City	State	Zip Code
_____	_____	
Country	Foreign Postal Code	

Sponsoring Institution
Tax ID or EIN #: _____

Please Note: The recipient of a CRI Irvington Fellowship is not an employee of Cancer Research Institute, Inc.

Application Form
CRI Irvington Postdoctoral Fellowship Program
Section Four: Institutional Certifications

Sponsoring Institution Completes the Following:

The proposal involves:

Human subjects   Yes   No

     If yes,   Exemption no. or Assurance of Compliance no.: _____

Vertebrate animals   Yes   No

     If yes,   Animal Welfare Assurance no.: _____

Recombinant DNA and/or other Nonexempt Biohazards   Yes   No

     If yes,   Assurance of Compliance no.: _____

_____   _____

Name and Title Certifying Officer   Signature of Certifying Officer

Please note: Signature required even if none of the items apply or if certification is pending.

Institutional Certification and Approval:

_____ (name of sponsoring institution) hereby certifies that _____ (fellowship applicant's name) holds/will hold the position of _____ at this institution, that the research described within this application will be conducted under the supervision of _____ (sponsoring scientist's name) at this institution, and that this application for a postdoctoral fellowship has been reviewed and approved by this institution.

_____	_____
Administrative Officer's Signature	Financial Officer's Signature
_____	_____
Name	Name
_____	_____
Title	Title
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone No.	Telephone No.
_____	_____
Email	Email
_____	_____
Date	Date