##

## Nomination Form

## 2020 Pediatric Cancer Research Grant

Nomination form is due by January 30, 2020

*Scan and Email this completed form to* *nominations@v.org*

**Nominee Contact Information: Complete below ↓**

|  |  |
| --- | --- |
| First and last name (including degrees): |  |
| Title: |  |
| E-mail address: |  |
| Phone number: |  |
| Mailing address: |  |
| Grant Type- Please select one. Will your SOLE nominee apply for a V Scholar or a Translational Award?  | V Scholar or Translational |

**Project title:** *(Please enter into box below)*

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**Legal name of the research institution or medical system to which the grant will be made - *as the name should appear in the grant contract*:** *(Please enter into box below)*

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**Grants Office Contact Information: Complete below ↓**

|  |  |
| --- | --- |
| Grants officer name:  |  |
| E-mail address: |  |
| Phone number: |  |
| Mailing address: |  |

**Award Payment Information: Complete below ↓**

|  |  |
| --- | --- |
| Tax ID for the research institution: |  |
| Legal “Pay to” institution name for the check: |  |
| Name of person to whom the award check should be directed:  |  |
| Mailing address for the check:  |  |

**I am the Cancer Center Director, or comparable official responsible for the internal nominee selection process**. **By my signature, I am certifying that this is the individual who I am nominating and this nominee meets all applicant eligibility criteria:**

**Name and Title of Administrative Official:** *(Please enter into box below)*

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**Signature of Administrative Official:** *(Please enter into box below)*

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