## 

## Nomination Form

## 2020 V CLINICAL Scholar Program

Nomination form is due by March 16, 2020

*Scan and Email this completed form to* [*nominations@v.org*](mailto:nominations@v.org)

**Nominated APPLICANT Contact Information: Complete below ↓**

|  |  |
| --- | --- |
| First and last name (including degrees): |  |
| Name of Cancer Institute: |  |
| Title: |  |
| E-mail address: |  |
| Phone number: |  |
| Mailing address: |  |

**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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**Please list the name and contact information for individuals at your institution that have the expertise to review grants in this special grants program (e.g. Director of Clinical Trials). We are building a database of individuals who would be willing to perform Ad Hoc review for this grant opportunity. Reviewers would not review applications from their own institution.** *(Please enter into box below)*

**Reviewer Contact Information: Complete below ↓**

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| Name: |  |
| Title: |  |
| E-mail address: |  |

**Note: If more than 1, please include on a separate sheet.**

*Continue to next page*

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

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

**Award Payment Information: Complete below ↓**

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| 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 of Cancer Center Director or comparable official and Title:** *(Please enter into box below)*

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**Signature of Cancer Center Director or comparable official:** *(Please enter signature into box below)*

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**Name of Nominee’s Department Chair:** *(Please enter into box below)*

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**Signature of Nominee’s Department Chair:** *(Please enter signature into box below)*

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