##

## Nomination Form

## 2021 Pediatric Cancer Research Grant

Nomination form is due by March 31, 2021

*Email completed form to* *nominations@v.org*

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

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

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

**I am the Cancer Center Director, or comparable Administrative 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 signature into box below)*

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