## 

## Nomination Form

## 2021 Pediatric Cancer Research Grant

Nomination form is due by March 31, 2021

*Email 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: |  |
| 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 ScholarOR Translational |

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

|  |
| --- |
|  |

**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)*

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| 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)*

|  |
| --- |
|  |

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

|  |
| --- |
|  |