##

## Nomination Form

## 2021 V Scholar (Adult Cancer) Research Grant

Nomination form is due by April 8, 2021

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

You may submit up to two nominees (separate form for each) from your research institution for consideration, **if at least one** of the two nominees identifies as someone from an underrepresented in science minority ethnic group (for the purposes of this nomination, see table below).

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| **Nominated APPLICANT Contact Information:** | Complete below ↓ |
| First and last name (including degrees): |  |
| Name of Cancer Institute: |  |
| Professional Title: |  |
| E-mail address: |  |
| Phone number: |  |
| In order to help us determine if your nominee is eligible for special funding, please ask them to indicate the ethnicity(s) with which they self-identify: | [ ]  African American[ ]  Hispanic American (non-European)[ ]  Native American[ ]  Alaskan Native[ ]  I do NOT identify with any of these |

**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: |  |

**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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