## 

## Nomination Form

## 2022 V Clinical Scholar Grant Program

Nomination form is due by March 15, 2022

*Email completed form and Letter of Recommendation to* [*nominations@v.org*](mailto:nominations@v.org)

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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: |  |

**Project Title and Key words (Include important key words related to the specific type of scientific expertise needed to select reviewers for your application):** *(Please enter into boxes below)*

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| **Project Title:** |
| **Key words (such as breast cancer, immunology, imaging techniques, epigenetics, microbiome, etc.):** |

**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 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:** *(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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