##

## Nomination Form

## 2022 V Scholar (Adult Cancer) Research Grant

Nomination form is due by April 28, 2022

***Email completed form and Letter of Recommendation*** *to* *nominations@v.org*

You may submit up to two nominees (on separate forms) 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: | [ ]  Black or African American[ ]  Hispanic or Latino (non-European)[ ]  American Indian or Alaska Native[ ]  Native Hawaiian[ ]  Pacific Islander[ ]  I do NOT identify with any of these |

**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: |  |

**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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