**AMC Scholar Award Program Application**

# I. Demographic Information

**Name:**

|  |  |  |
| --- | --- | --- |
| **First** | **Middle** | **Last** |
|  |  |  |

**Mailing Address:**

|  |  |
| --- | --- |
| Address Line 1 |  |
| Address Line 2 |  |
| City |  |
| State |  |

**Telephone:**

|  |
| --- |
|  |

**E-mail:**

|  |  |
| --- | --- |
| **Primary** |  |

**Date of Birth:**

|  |  |  |
| --- | --- | --- |
| **Month** | **Day** | **Year** |
|  |  |  |

**Award program to which you are applying:**

Domestic  International: SSA  International: LATAM  Lab Translational

# II. Education

**Undergraduate Institution #1**

|  |  |
| --- | --- |
| Institution |  |
| Location (City, State) |  |
| Dates Attended |  |
| Field of Study |  |
| Degree Received |  |

**Undergraduate Institution #2**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Location |  |
| Dates Attended |  |
| Field of Study |  |
| Degree Received |  |

**Graduate Institution #1**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Location |  |
| Dates Attended |  |
| Field of Study |  |
| Degree Received or Anticipated |  |

**Medical School**

|  |  |
| --- | --- |
| Institution |  |
| Location |  |
| Dates Attended |  |

# III. Training

**Internship**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Dates |  |

**Residency**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Dates |  |
| Field of Study |  |

**Fellowship**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Dates |  |
| Field of Study |  |

**Junior Faculty #1**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Dates/Years on Faculty |  |
| Division or Specialty |  |

**Junior Faculty #2**  **Not Applicable**

|  |  |
| --- | --- |
| Institution |  |
| Dates/Years on Faculty |  |
| Division or Specialty |  |

# IV. Research Experience *(Document in chronological order. Additional pages may be attached if necessary. If research experience occurred in an international setting, specify the location.)*

# No Research Experience

|  |  |
| --- | --- |
| Advisor/Institution |  |
| Area of Research |  |
| Role/Responsibilities |  |
| Abstracts or Publications |  |

***Research Experience – cont’d***

|  |  |
| --- | --- |
| Advisor/Institution |  |
| Area of Research |  |
| Role/Responsibilities |  |
| Abstracts or Publications |  |

# V. OPTIONAL INFORMATION

The AMC Career Enhancement Program Directors would like feedback on topics of interest for presentation during the program. Responses will not be scored or considered by the Executive Committee during their review.

|  |
| --- |
|  |

# VI. research Mentor contact information

Please provide the following information for the investigator(s) who will serve as your research mentor(s):

**Mentor 1:**

|  |
| --- |
| **Name:** |
| **Institution:** |
| **Title:** |
| **E-mail address:** |
| **Telephone Number:** |

**Mentor 2 (if applicable):**

|  |
| --- |
| **Name:** |
| **Institution:** |
| **Title:** |
| **E-mail address:** |
| **Telephone Number:** |

**Mentor 3 (if applicable):**

|  |
| --- |
| **Name:** |
| **Institution:** |
| **Title:** |
| **E-mail address:** |
| **Telephone Number:** |

# VI. PROPOSED RESEARCH PROJECT

Please provide a brief description of the proposed research. The description must include the following:

* Specific aims;
* Background and significance;
* Preliminary data (if available);
* Description of the hypothesis, study design, objectives, variables, and study population (if applicable);
* Sample size;
* Statistical analysis plan;
* Timeline;
* Available resources; and
* References

The proposed research must be a project that can be completed within the timeframe of the program. The research mentor must review and provide assistance to the applicant on the proposal prior to submission.

*The research plan must be a maximum of 4 pages. Resources and references are excluded from the page limitations. The file must be single spaced, with an 11-point Arial font and 1/2-inch margins.*

# VII. Personal Statement

Please provide a personal statement describing your interest in the AMC and its scholar award program and how you hope to be involved in the work of the AMC during your scholarship. Specific areas to be addressed include your background in medical oncology, specific area(s) of research interest, clinical trials experience and future career goals.

*Personal statements should be no more than 2 pages, double-spaced, with an 11-point Arial font and 1/2-inch margins.*

# VIII. Supporting Documentation

1. NIH biosketch of the applicant
2. NIH biosketch and background statement of the research mentor
3. Letters of Recommendation (One letter from research mentor; one letter from AMC investigator, if not research mentor).

**Note**: Letters should be submitted directly by recommenders to the AMC ODMC by the application deadline. Please include the applicant’s full name in the recommendation letter.

**Note**: Letters from the mentor are of particular importance in the selection of the scholar. Please describe the training program for the scholar, including any formal and informal teaching in clinical trials or other research training, how frequently the scholar will receive formal face-to-face mentoring, how the trainee will integrate the AMC experience in his/her research project or study area and any opportunities that may be available for ultimate academic appointment. The mentor must also acknowledge in the letter they have reviewed and agree with the research plan submitted by the applicant.

**Please submit all application materials and supporting documentation electronically by the application deadline to: AMCscholars@emmes.com**

If unable to submit an electronic application, printed applications and supporting documents may be submitted by the application deadline to:

AMC Scholar Award Program

c/o The Emmes Company, LLC

401 N. Washington Street, Suite 700

Rockville, MD 20850