



**I. APPLICANT INFORMATION** *(Please attach applicant's biographical sketch to this application form)*

Name, Degree

Institution *(Must be located in the US)*

ORCID iD *(optional)*

Mailing Address

City

State Zip/Postal Code

Phone Number

Email Address

X \_\_\_\_\_  
 Name Date  
 I acknowledge that I have read and understand the [Terms and Conditions](#) of this grant and the [Intellectual Property Statement](#), and approve its submission for funding consideration.

**TRAINING/EDUCATION HISTORY**

**Current Position**

Title

Program/Department

Date of Employment

NPI Number

Specialty(ies)

**Medical Doctoral Degree**

Institution

Degree Conferred

Year of Degree Conferral

**CITIZENSHIP STATUS**

**AACR MEMBERSHIP NUMBER** *(or provide proof of application for membership when you submit your application)*

**COMPANY AND PROGRAM PREFERENCE** *(Please rank programs in order of preference)*

- Johnson & Johnson (Rank: 1 )
  - Early-stage and/or late-stage clinical development including, but not limited to, antibody-drug conjugates, immunotherapy, and cell therapy

**CURRENT INSTITUTIONAL MENTOR CONTACT INFORMATION** *(Please attach current institutional mentor's biographical sketch to this application form)*

Name, Degree

Phone Number

Email Address

**INSTITUTIONAL CONTACT INFORMATION**

Name, Title

Phone Number

Email Address

X \_\_\_\_\_  
 Signature Date  
 I acknowledge that I have read and understand the [Terms and Conditions](#) of this grant and the [Intellectual Property Statement](#), and approve its submission for funding consideration.

**TECH TRANSFER OFFICE CONTACT INFORMATION**

Name, Title

Phone Number

Email Address

X \_\_\_\_\_  
 Signature Date  
 I acknowledge that I have read and understand the [Intellectual Property Statement](#).

*Please keep a copy of the signed page for your records.*



**II. PERSONAL STATEMENT** *(Limited to Two Pages; Continued)*

Applicants should include details about their 1) medical and scientific background; 2) motivation for wanting to participate in the AACR CORE program; and 3) career goals and measurable objectives, including how the experience at a pharmaceutical company will enhance their research skills and contribute to their career advancement.



**III. BUDGET JUSTIFICATION** *(Limited to One Page)*

Applicants must submit a budget in the amount of \$100,000 over a one-year grant term.

The following expenditures are permitted under this grant:

- salary and benefits of the fellow;
- travel to the Annual Grantee Recognition Event (attendance required);
- indirect costs for up to a maximum of 20% of the total direct costs.

In addition to the grant funds, a limited stipend of up to \$7,500 may be provided separate from the grant funding to cover necessary costs for the fellow to travel to and from the industry site prior to the start of the one-year term to secure accommodations, and to travel to and from the industry site at the beginning and end of the one-year term.

For fellows sponsored by Johnson & Johnson, this stipend is intended to allow the fellow to travel to a Johnson & Johnson site(s) or study site(s) as needed and return home during the grant term. In addition, this stipend will also cover necessary lodging and subsistence for the fellow during these trips.

CATEGORY/EXPLANATION	AMOUNT REQUESTED
<b>PERSONNEL</b>	
Include explanation here.	\$
<b>FRINGE BENEFITS</b>	
Include explanation here.	\$
<b>TRAVEL</b> <i>(Up to \$2,000 may be requested to support grantee’s attendance at the AACR’s Annual Grantee Recognition Event. No other travel is permitted. Travel funds are for the grantee only.)</i>	
Include explanation here.	\$
<b>INDIRECT COSTS</b> <i>(up to a maximum of 20% of the total direct costs may be requested)</i>	
Include explanation here.	\$



**IV. SECURED AND PENDING SUPPORT** *(Limited to One Page)*

In the table provided, list all support (institutional, federal, etc.) that has either been **secured** or is **pending** and may be used in whole or in part by the applicant during the term of this grant. Only funding sources that provide support specifically for the applicant should be listed, which includes those grants for which the applicant is not the Principal Investigator. This may include support for different projects.

*If not applicable, type "N/A" into the first field.*

**NOTE:** *If at any time prior to selection and notification an applicant is awarded any additional funding, the applicant **must** notify the AACR immediately.*

Principal Investigator	Grant Name	Funding Agency	Grant Term	Amount	Percent Effort	Secured/Pending