



Aid for Cancer Research - Application for Fellowship

P.O. Box 376, Newton Centre, MA 02459-0003

Aid for Cancer Research Fellowship Guidelines

http://www.aidforcancerresearch.org/acr_fellowships.html

Introduction

Aid for Cancer Research is a Boston based organization comprised of 20 volunteer women and a medical advisory board. Now in its sixth decade, Aid for Cancer Research is viewed as an important resource in the growth of cancer research departments in every institution throughout the greater Boston area. It supports and establishes cancer research laboratories and offers fellowship assistance. Aid For Cancer Research Fellowships are intended to support qualified individuals in the field of cancer research. The criteria in the choice of Fellows are quality and commitment.

1. The Fellow must be a U. S. citizen or must be a legal permanent resident of the U. S. at the time the Fellowship becomes effective. The Fellow must do his/her research in the Commonwealth of Massachusetts and must be primarily in cancer research.
2. The Fellowship will be offered for two years. The stipend will be \$45,000 for the first year and \$45,000 for the second year. All other expenses pertinent to the training (health insurance, fringe benefits, laboratory and clinical supplies) will be borne by the institution.
3. The stipend will be paid monthly. Checks will be made payable to the institution to the account of the Fellow and sent to the accounting office of that institution.
4. The Fellowship will begin on July 1. Applications must be received by October 15 of the prior year. Applicants will be notified by January 31.
5. Applicants for a Fellowship from Aid for Cancer Research must have an M.D. and/or Ph.D. degree. The Research Fellowship should be aimed at providing the trainee with advanced research opportunities.
6. A progress report of the Fellow's training will be required from the training program director as well as the Fellow, to be submitted by the end of the 6th month of the first year of the Fellowship. A progress report from the Fellow will be required at the end of the second year of the Fellowship. All reports are to be sent to the Corresponding Secretary of Aid for Cancer Research.
7. All publications based on work that has been assisted by a grant from Aid for Cancer Research must be designated "Supported by a grant from Aid For Cancer Research, Boston, Massachusetts."
8. Applicant must complete and return original application plus twelve copies to the Corresponding Secretary of Aid for Cancer Research.



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I. Administrative

Name of Fellow:	
Mailing Address 1 of Fellow:	
Mailing Address 2 of Fellow:	
Email Address of Fellow:	
Tel # of Fellow:	
Citizenship held:	
Institution where training to be done:	
Mailing Address 1 of Institution:	
Mailing Address 2 of Institution:	
Director of training program:	
Faculty position/academic rank:	
Name of Dean or Administrative Head of Institution:	
Title of Research Project:	
Describe:	
Signatures - Fellow:	
Director of Training Program:	
Dean or Administrative Head:	
Today's Date:	



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II. Department in Which Training will be Completed

1. Are there any other Fellows or trainees currently in the department?: Yes No

If yes, how many other Fellows?:

Level & Number	Ph.D.	M.D.	Total
Pre-doctoral			
Post-doctoral			
Special			

2. Funding

- State the annual budget for your department.
- State what amount is allocated for training Fellows.
- List the sources of support for Fellowship training and the amount from each. (Total to agree with item "b" above)

Specialty	Project Goals	Source of Funding	Amount Received

3. Describe the major ongoing research areas of the department.

4. Describe the laboratory or clinical facilities of the department.



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III. The Training Program - (To be completed by Applicant)

1. Describe the research program to be pursued during the course of the fellowship. Include the overall objectives, background, significance and research plan. Do not exceed 2 single spaced typewritten pages.



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Describe the research program to be pursued during the course of the fellowship.



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IV. The Training Program Director

1. Describe the prior experience and interest of the Director in similar or related training activities. Include comments on any new or specialized techniques or skills that Fellow will acquire.

2. Please describe the allocation of the Director's time to his/her various areas of activity (e.g. administration, staff, staff supervision, etc.).

3. What procedures are used to monitor and control the Fellows' training? How do you assure that the Fellowship is used effectively?



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V. The Fellow

1. Curriculum Vitae

Date of Birth:		Place of Birth:	
Marital status:		Number of Children:	
Citizenship status:			

Education and Training

College

Degree:		Date(s):	
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Professional School

Degree:		Date(s):	
Degree:		Date(s):	

Internship or Residency (if appropriate):	
Prior Fellowships:	

Prior research training (if appropriate):	
Membership in Professional Organizations:	

Specialty Boards

Qualified:		Certified:	
Honors:			
Hobbies:			

2. Please describe your project for an audience with a non-scientific background.

3. Please describe what motivated you to enter the field of cancer research.
Do you intend to continue in this field and if so, how so?

4. Please indicate the total salary you will receive during the tenure of this Fellowship per annum (institutional contribution, if any).



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5. Director's Evaluation: Please write your assessment and evaluation of the applicant noting in particular his/her suitability for the planned area of training and its contribution to the Fellow's career development.

6. Include one reference from your Special-graduate program and one from another person other than the research director.

7. List your publications

VI. Curriculum Vitae of Training Program Director

Include the Curriculum Vitae of Training Program Director

Complete and return original application plus twelve copies to the Corresponding Secretary of Aid for Cancer Research:	Elisa G. Silverman 393 Fuller Street West Newton, MA 02465
Or Email:	egsilver@msn.com
?s - Phone:	617-835-6449

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