CAREER DEVELOPMENT GRANT AWARD CRITERIA

- Within five years of first faculty appointment with a rank of instructor or Assistant Professor OR in the final year of clinical fellowship or postdoctoral fellowship
- MD/DO or equivalent
- Applications must address bench-to-bedside/bedside-to-bench strategies
- Ability to spend at least 50% effort dedicated to research
- Not currently funded by another career development award that supports investigator salary/protected time
- Research focus in sarcoma
- US and non-US citizens are eligible to apply. Non-US-based applicants are encouraged to contact SARC office for clarification of details regarding NIH biosketch

Given that this program intends to support career development of sarcoma investigators, no indirect costs can be assessed as part of this award. Letter of Intent Face Page must be signed by the applicant.

GUIDELINES FOR LETTER OF INTENT

The Letter of Intent submission should consist of the following elements:

- Letter of Intent Face page
- Letter of Intent
  - Proposed research plan (background, preliminary studies and proposed specific aims) (2 page maximum)
  - Career development plan (1 page)
- Mentor’s NIH biosketch and applicants NIH biosketch for both with 5 page maximum

Submit the Letter of Intent package in .pdf format to sarc-cda@sarctrials.org by January 7, 2019.

Be sure to include complete contact information in your submission e-mail (full name, credentials, email address, phone number, fax number and address).

SELECTION PROCESS

The selection committee will review Letters of Intent submissions and select candidates to invite for full proposal submission. Invitations to submit a full proposal will be sent to the selected applicants after the committee meeting.

This award is for one year only. The second year award is pending availability of funds and satisfactory progress of the project.
CANDIDATE

Name (first name, last name)

Are you currently in the final year of a clinical fellowship or postdoctoral fellowship?

☐ Yes  ☐ No

If “yes”, provide additional information about your July 1, 2019 appointment.

Appointment Date: ___________________________  Rank as of July 1, 2019
☐ Instructor
☐ Assistant Professor
☐ Other

Appointing Department: ___________________________
Appointing Institution: ___________________________

Indicate degree(s) and date awarded

☐ MD _______________________
☐ DO _______________________
☐ Other _______________________

Was your first faculty appointment within five years of the anticipated award date of July 1, 2019?

☐ Yes  ☐ No

If “yes”, please provide additional information about your first faculty appointment.

Appointment Date: ___________________________
Appointing Department: ___________________________
Appointing Institution: ___________________________

☐ Instructor
☐ Assistant Professor
☐ Other

Please provide your contact information.

Work Mailing Address

______________________________________________
______________________________________________
______________________________________________

Work Phone: _________________________________

Work E-mail: _________________________________

How did you hear about the SARC Sarcoma SPORE Award? _________________________________________

______________________________________________

Applicant Signature/Date

______________________________________________