



2017 Applicant Information Form-V Scholar PLUS

Scan and Upload this completed form to <https://www.jimmyv.org/v-foundation-award-application/>

Nominee Contact Information:

First and Last Name (including degrees):	
E-mail address:	
Phone number:	
Mailing address:	
Internal Award ID for your current V Scholar grant – can be found on grant contract	

Project Title:

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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:

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Grants Office Contact Information:

Grants Officer Name:	
E-mail address:	
Phone number:	
Mailing address:	

Award Payment Information:

Tax ID for the research institution:	
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Legal "Pay to" institution name for the check:	
Name of person to whom the award check should be directed:	
Correct mailing address for the check:	

Public Information Office Contact Information (so we can better publicize the PI's work):

Name of Contact:	
Title:	
Email address:	
Phone Number:	
Mailing Address:	

I am the Cancer Center Director, or comparable 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

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Signature of Administrative Official

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