



## 2018 Nomination Form-Pediatric Cancer Research Call For Applications

**Upload this completed form to <http://www.jimmyv.org/Pediatrics-Nomination>**

**DUE MARCH 1, 2018**

**Nominee Contact Information (note: please enter data on right side column):**

|   |                                     |
|---|-------------------------------------|
| First and Last Name (including degrees):  |                                     |
| E-mail address:   |                                     |
| Phone number:   |                                     |
| Mailing address:  |                                     |
| Grant Type- <b>Please circle one</b> . Will your <b>SOLE</b> nominee apply for a V Scholar <u>or</u> a Translational Award? | <b>V Scholar or Translational ?</b> |

**Project Title:**

**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:**

**Grants Office Contact Information:**

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

**Award Payment Information:**

|  |  |
|--|--|
| Tax ID for the research institution:                       |  |
| 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 nominee meets all applicant eligibility criteria:** (Please provide electronic signature below or print, sign and return the completed form to The V Foundation.)**

**Name and Title of Administrative Official**

|  |
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**Signature of Administrative Official (Please note if you have any difficulties with this field, please print the form, sign it, and return the completed form to The V Foundation.)**

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