



## 2018 Nomination Form-Translational Award Applicant

Upload this completed form to <http://www.jimmyv.org/translational-nomination>

**DUE APRIL 16, 2018**

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

First and last name (including degrees):	
E-mail address:	
Phone number:	
Mailing address:	
<b>Is your SOLE nominee eligible to receive funding through the Stuart Scott Memorial Cancer Research Fund?</b> Does the applicant's research project focus on the <u>biological basis of cancer disparities experienced by patients from minority ethnic or racial populations related to cancer causes, aggressiveness, treatment or relapse?</u> <b>Circle Yes or No</b>	Yes or No

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:	
Mailing address for the check:	

**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 as defined in the RFP: (Please provide electronic signature below or print, sign and return the completed form to the V Foundation for Cancer Research.)**

**Name and title of administrative official**

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**Signature of administrative official (Please note: if you have any difficulties with this field, print the form, sign it, and return the completed form to the V Foundation.)**

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