

Application Cover Sheet
CRI Irvington Postdoctoral Fellowship Program

Applicant's Name: _____

Doctoral Degree(s)
& Date(s) Received: _____

Project Title: _____

Sponsor's Name: _____

Institution: _____

City

State/Country

Letter(s) of Recommendation From:

1. _____ (thesis advisor)

2. _____

Application Form
CRI Irvington Postdoctoral Fellowship Program

Section Two: Sponsor Information

Title	First Name	M.I.	Last Name	Jr., etc.
Doctoral Degree(s): _____				
Laboratory				
Mailing Address: _____				

City		State		Zip Code
_____		_____		_____
Tel.: _____		Fax: _____		E-mail: _____

Section Three: Financial Information

Requested Duration of Support: _____ Requested Activation Date: _____
(1, 2, or 3 years) No. of Years Month/Day/Year

Stipend and Institutional Allowance Payable to: _____
(both must be payable directly to sponsoring institution)

Mailing Address for Check: _____

City	State	Zip Code
_____	_____	_____
Country	Foreign Postal Code	
_____	_____	

Sponsoring Institution Tax ID or EIN #: _____

Please Note: The recipient of a CRI Irvington Fellowship is not an employee of Cancer Research Institute, Inc.

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Section Four: Institutional Certifications

Sponsoring Institution Completes the Following:

The proposal involves:

Human subjects Yes No

If yes, Exemption no. or Assurance of Compliance no.: _____

Vertebrate animals Yes No

If yes, Animal Welfare Assurance no.: _____

Recombinant DNA and/or other Nonexempt Biohazards Yes No

If yes, Assurance of Compliance no.: _____

Name and Title of IRB or Certifying Officer

Signature of IRB or Certifying Officer

Please note: Signature required even if none of the items apply or if certification is pending.

Institutional Certification and Approval:

_____ (name of sponsoring institution) hereby certifies that
_____ (fellowship applicant's name) holds/will hold the position
of _____ at this institution, that the research described within this application will be
conducted under the supervision of _____ (sponsoring scientist's name) at
this institution, and that this application for a postdoctoral fellowship has been reviewed and approved by this
institution.

Administrative Officer's Signature

Financial Officer's Signature

Name

Name

Title

Title

Address

Address

City, State, Zip

City, State, Zip

Telephone No.

Telephone No.

Email

Email

Date

Date