

**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. \_\_\_\_\_

## Section One: Applicant Information

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**Application Form**  
**CRI Irvington Postdoctoral Fellowship Program**

Section Two: Sponsor Information

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Title	First Name	M.I.	Last Name	Jr., etc.
Doctoral Degree(s): <hr/>				
Laboratory				
Mailing Address: <hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>				
<hr/>		<hr/>	<hr/>	<hr/>
City		State	Zip Code	
Tel.: <hr/>		Fax: <hr/>	E-mail: <hr/>	

Section Three: Financial Information

Requested Duration of Support:	<hr/>	Requested Activation Date:	<hr/>
(1, 2, or 3 years)	No. of Years		Month/Day/Year
Stipend and Institutional Allowance Payable to: <hr/>			
(both must be payable directly to sponsoring institution)			
Mailing Address for Check: <hr/>			
<hr/>			
<hr/>			
<hr/>		<hr/>	<hr/>
City		State	Zip Code
<hr/>		<hr/>	
Country		Foreign Postal Code	
Sponsoring Institution			
Tax ID or EIN #: <hr/>			

*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