

**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: \_\_\_\_\_  
(2 or 3 years)    No. of Years    Month/Day/Year

Stipend and Institutional  
Allowance Payable to: \_\_\_\_\_  
(All payments to sponsoring institution are sent via wire or ACH transfer)

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

ACH Routing #: \_\_\_\_\_ ABA Routing #: \_\_\_\_\_  
(Domestic)    (Domestic)

IBAN: \_\_\_\_\_ SWIFT(BIC) Code \_\_\_\_\_  
(International)    (International)

Remittance Contact Name: \_\_\_\_\_

Remittance Contact Email: \_\_\_\_\_

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 Certifying Officer

\_\_\_\_\_  
Signature of 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