Starr Cancer Consortium

Visiting Fellows Program

**Application for Funding**

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**Applicant**

Name:

Institution:

Contact Information:

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**Director of home laboratory**

Name:

Institution:

Contact Information:

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**Director of recipient laboratory**

Name:

Institution:

Contact Information:

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**Length of fellowship requested** (up to 3 months)

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**Description of applicant’s current research** (up to 300 words)

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**Description of the ongoing collaboration between the applicant’s home and recipient laboratories** (up to 300 words)

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**Description of topic and scope of the training and/or research to be undertaken in the recipient laboratory** (up to 300 words)

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**Explanation of how the fellowship will further the goals of the Starr Cancer Consortium** (up to 300 words)

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**Append the following documents:**

* **Applicant’s biosketch**
* **Housing plan, including cost (Only for applicants whose recipient laboratory is in a different city from their home institution)**
* **Statement of approval from the director of the applicant’s home laboratory**
* **Statement of approval from the director of the recipient laboratory**

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Note: The applicant and the director of the recipient laboratory are responsible for identifying and obtaining all required reviews and approvals prior to initiation of the applicant’s participation in research conducted at the recipient laboratory’s institution. For more information go to [www.starrcancer.org/vfp](http://www.starrcancer.org/vfp)

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**Submit the complete application as a single document to** SCC@mskcc.org