



# Hope Funds for Cancer Research Postdoctoral Fellowship

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## COVER SHEET

**CANDIDATE**

NAME: \_\_\_\_\_

**SPONSOR**

NAME: \_\_\_\_\_

**PROPOSED RESEARCH START DATE** \_\_\_\_\_

LOCATION OF INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED:  
\_\_\_\_\_  
\_\_\_\_\_

I ATTEST THAT I MEET THE ELIGIBILITY REQUIREMENTS AND I AGREE TO THE TERMS FOR THIS FELLOWSHIP, WHICH ARE AVAILABLE ON THE HOPE FUNDS FOR CANCER RESEARCH'S WEBSITE.

\_\_\_\_\_  
CANDIDATE

\_\_\_\_\_  
SPONSOR

I CONSENT FOR THIS APPLICATION TO BE REVIEWED BY MEMBERS OF THE HOPE FUNDS FOR CANCER RESEARCH'S BOARD OF TRUSTEES, ADVISORY COUNCIL AND SUB-COMMITTEES OF THE BOARD, AS WELL AS BY OUTSIDE EXPERTS IN THE FIELD.

\_\_\_\_\_  
CANDIDATE

\_\_\_\_\_  
SPONSOR

CANDIDATE'S PREVIOUS OR CURRENT FELLOWSHIPS INCLUDING DATES AND LOCATIONS

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WILL THE CANDIDATE BE RECEIVING ANY OTHER FUNDING DURING THE PROPOSED RESEARCH PERIOD? \_\_\_\_\_ IF YES, PLEASE LIST:

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WILL THE CANDIDATE BE PERFORMING ANY ADDITIONAL RESEARCH OUTSIDE OF THIS PROPOSED RESEARCH? \_\_\_\_\_ IF YES, PLEASE DESCRIBE INCLUDING HOURS:

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