Hope Funds for Cancer Research

SUMMARY OF RESEARCH PROPOSAL FORM

Applicant Information

First Name _____

Last Name _____

Degree conferred or in progress _____

Email _____

Phone Number _____

Proposed Research Project Title _____

Name and degree of Proposed Postdoctoral Advisor _____

Proposed Postdoctoral Advisor University/Institution _____

Postdoctoral Advisor's Lab Address

- Institution _____
- Street _____
- City _____
- State _____
- Zip _____

US Citizen (Yes, if No Visa Status) _____

Postdoctoral Advisor Email _____

Please list other fellowships you are applying for at this time

_____

_____

Name of Institutional Representative to notify of Fellowship _____

Proposed Project Research Area: Primary Choice _____

Proposed Project Research Area: Secondary Choice _____

Please enter date applicant started in Proposed Postdoctoral Advisor's Lab – An Applicant may not have more than 24 months of postdoctoral experience in this lab as of September 24, 2026 _____

Candidate's Previous or Current Fellowships Including Dates and Locations

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Name of Ph.D. Thesis Advisor _____

Thesis Advisor University/Institute _____

Thesis Title _____

Date Ph.D. or M.D. Conferred _____

or Date Ph.D./M.D. Conferred _____

Ph.D. Thesis Published or in Print: Y/N _____

Thesis Field of Study _____

Name of Undergraduate University/Institute _____

Undergraduate degree _____

Date of undergraduate degree _____

I ATTEST THAT I MEET THE ELIGIBILITY REQUIREMENTS (INCLUDING THAT I HAVE A POSTDOCTORAL APPOINTMENT AT THE ABOVE MENTIONED INSTUTUTION, THAT THE SPONSOR HAS A FORMAL APPOINTMENT AT THE INSTUTUTION, AND THAT THERE ARE NO IMPEDIMENTS TO MY BEING IN THE POSTDOCTORAL POSITION FOR THREE YEARS FROM THE COMMENCEMENT OF THE HOPE FUNDS GRANT) AND I AGREE TO THE TERMS FOR THIS FELLOWHIP, WHICH ARE AVAILABLE ON THE HOPE FUNDS FOR CANCER RESEARCH'S WEBSITE.

_____ _____

Applicant (Postdoctoral Fellow) Sponsor (Advisor)

IF YOU HAVE A VISA, CONFIRM THAT YOUR VISA IS SPONSORED BY THE INSTITUTION WHERE YOUR RESEARCH WILL BE CONDUCTED AND THAT IS DOES NOT EXPIRE BEFORE YOU ARE ABLE TO FULFILL THE TWO YEAR POST DOCTORAL COMMITMENT COVERED BY THE HOPE FUNDS GRANT.

_____ _____

Applicant (Postdoctoral Fellow) Sponsor (Advisor)

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.

_____ _____

Applicant (Postdoctoral Fellow) Sponsor (Advisor)

I ATTEST THAT I HAVE READ THE REQUIREMENTS OF THIS FELLOWHIP, INCLUDED IN THE AWARDS STATEMENT AND INTELLECTUAL POLICY AGREEMENT AND AGREE TO THESE TERMS SHOULD A FELLOWSHIP BE OFFERED TO MY INSTITUTION

_____

Institutional Representative

Proposal Title _____

IS THE PROPOSED RESEARCH BASIC (LABORATORY) OR CLINICAL (HUMANS)? _____

SUMMARY OF RESEARCH PROPOSAL (600 WORD LIMIT, plus up to three figures)

IN THE SUMMARY, PLEASE ADDRESS THE FOLLOWING 3 QUESTIONS:

1. To what level does the proposed project challenge existing paradigms and present innovative hypotheses to promote progress in the prevention, control and treatment of the most difficult-to-treat cancers (e.g. pancreatic, lung, liver, sarcomas, esophageal, brain, gastric and ovarian cancers)?
2. What is the potential benefit of the research to issues regarding prevention, control or treatment in the most difficult-to-treat cancers?
3. Describe the conceptual framework and reasoning around the design, methods and analyses proposed and their appropriateness to the aims of the project.

BIBLIOGRAPHY (Lead authored publications)

Please include a list of your lead-authored publications, if any.

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