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## The Cancer Therapeutics Training Program (CTTP)

### For Postdoctoral Trainees

#### TRAINEE APPLICATION FORM

due date: **July 8, 2021**

*All fields are required, unless noted otherwise. Note N/A if not applicable.*

*Save this application as a Word file in this format: **“Last name CTTP applic date”***

**Trainee first, middle, and last/family name:**

**Trainee department and institution:**

**Date you started your current postdoc position (name of month, date and year):**

**Current Mentor (lab in which you work), Dept, Institution:**

**PRIMARY MENTOR for CTTP:**

Name	Department	Institution	Email

**CO-MENTOR / SECONDARY MENTORS for CTTP:**

Name	Department	Institution	Email

#### **Academic and Training Background**

**Postdocs / PhD degree:**

Title of doctoral thesis:

Thesis advisor, Dept, Institution:

<b>Degrees:</b> <i>begin list with doctoral / Master's / then undergraduate.</i>	<b>Institution</b>	<b>Field of study</b>	<b>Date degree received</b>	<b>GPA</b>

**PUBLICATIONS:**

Please provide a complete list of your submitted and peer-reviewed publications here.

**PROJECT TITLE and DESCRIPTION** (limit: 750 words):

Describe the proposed research plan and how it is related to cancer therapeutics research.

**MENTORING AND TRAINING PLAN\*** (limit 400 words):

*Provide a brief description of the plan you and your mentors have jointly developed to achieve your career goals. Include:*

- 1. research training: what specific skills / knowledge / training will you acquire during your mentored research training program.*
- 2. career development goals:*
- 3. estimated timeline for completion of your project and milestones to be achieved, including publications from this project.*

**CAREER GOALS** (limit 250 words):

*Describe both your short term and long term career goals.*

**Trainee information:**

**Citizenship:** Circle one

US Citizen / Permanent Resident or holder of relevant work visa

**Gender** (required for reporting):

**Ethnicity** (required for reporting):

**Contact email** (required):

**Local home address:**

**City, state, zip code:**

**Work and/or cell phone** (required):

*Updated 5/25/2021*