nationalcancercenter.org/grants
info@nationalcancercenter.org

NATIONAL CANCER CENTER
FUNDING TOMORROW'S RESEARCH TODAY

400 Montauk Highway, Suite 110
West Islip, NY
11795

FELLOWSHIP APPLICATION SUMMARY

General Information

National Cancer Center (NCC) has established funding for a limited number of post-doctoral fellowships for qualified applicants to receive training and experience in molecular genetics and the cellular aspects of cancer biology and tumor immunology. Preference will be given to studies directly relevant to the diagnosis and treatment of human cancer.

Funding

Post-doctoral fellowships from NCC are established at $60,000 for the first year and $62,000 in the second year if renewed. Fellowships are intended for applicants under age 35 with less than two years of post-doctoral laboratory experience, except in extenuating circumstances. Fellowships are also limited to applicants having received no more than one prior fellowship or one career development award. Individuals receiving concurrent support from another organization are not eligible to apply.

Fellowship awards are not necessarily restricted to salary. Depending on the circumstances, part of the funds may be used for supplies or other valid expenses, which should be listed in the proposed budget. NCC reserves the right to delete any item it deems inappropriate.

The fellowship may be transferable upon application and review if the fellow leaves the sponsoring organization.

Awards are limited to one per laboratory. There can be several different applications if they are on different topics. However, only one award can be made per lab in any round of applications.

NCC fellowship grants do not include funds for institutional overhead and a statement by the institution accepting this condition is required.

Notification of awards will be approximately May 1, 2027.

Grant Renewals

Fellowships generally are extended for a second year. However, adequate progress must have been demonstrated during the first year as evidenced through a progress report submitted with the renewal application.

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FELLOWSHIP APPLICATION INSTRUCTIONS

Format

- Arial font, 11 pt
- At least one-half-inch margins on all sides (top, bottom, left, and right)
- Tables/figures (if included) must be within the 4-page limit

Please Include

- [ ] Completed Page 1
- [ ] Completed Page 2
  Statement of Understanding
- [ ] Completed Page 2
  Bio sketch and th3 sponsor's bio sketch (supplemental page 4 if needed)
  Research and Professional Experience (supplemental pages 5 and 6 if needed)
- [ ] Completed Page 4
  Provide a statement relative to Other Support. (Supplemental pages 7 and 8 if needed)
- [ ] Provide a clear and concise description of the proposed investigation and its potential for improved diagnosis or treatment of human cancer. Do not exceed four double-spaced, typewritten pages, following this format: Specific Aims (1/2 page), Significance (1/2 page), Background/ Preliminary Data (2 pages), and Methods (1 page).
- [ ] Provide a one-page listing of publications pertinent to the project.
- [ ] Provide a one-paragraph description of the project in lay terms. Include a statement permitting NCC to publicize research in fundraising appeals.
- [ ] The sponsor of the Fellow must provide a brief description of the project to be undertaken, a personal evaluation of the applicant's qualifications, and include the sponsor's two-page NIH-format Biographical Sketch and publications pertinent to the project. Sponsor must also complete statement relative to Other Support.
- [ ] Provide a simple budget outlining proposed expenditures.
- [ ] An additional letter of recommendation from an individual who can attest to the applicant's personal integrity and professional competence.
- [ ] *For fellows applying for a second year's funding only:*
  A Progress Report, containing no less than 750 words, summarizing activity and describing significant developments. This report must accompany the renewal application, simply re-send original cover sheet marked RENEWAL.
- [ ] *For Fellows not requesting funding for a second year, or those who have completed two years of funding only:*
  Submit a final Progress Report, containing no less than 750 words, summarizing activity and describing significant developments, two months **BEFORE** termination of fellowship. PLEASE NOTE: No reminder will be sent.

Scientific publications resulting from research activity undertaken during the fellowship period must acknowledge support from National Cancer Center. Please alert NCC of these publications.

Deadline: Application must be received in West Islip, NY, on or before December 22, 2025
Late arriving, incomplete, or applications not conforming to above instructions will not be considered

Send application via email to:
info@nationalcancercenter.org
AND mail one hard copy to our office:
National Cancer Center
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info@nationalcancercenter.org

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FELLOWSHIP APPLICATION

Indicate one

☐ Pre-doctoral ☐ Post-doctoral

Applicant's Information

Today's Date _____ Email _____

Name _____

Address _____

Phone _____ Social Security No. _____

Sponsor's Information

Name _____

Address _____

Phone _____ Email _____

If application is approved, please indicate how the check should be made out (institution only)

_____

Title of project _____

_____

Abstract (300 words maximum)

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STATEMENT OF UNDERSTANDING

It is understood that upon approval of the attached Budget, National Cancer Center will make payments to the institution.

It is further understood that the institution or grantee receiving this grant will submit an annual report of expenditures, and will return any unexpended balance at the termination of the grant period.

It is also understood that the Principal Investigator will present a report to National Cancer Center. Any publications resulting from research carried out during tenure of the grant should mention that support was given by National Cancer Center.

Date _____

Principal Investigator _____
(Type name) (Signature)

Department Head _____
(Type name) (Signature)

Financial Officer _____
(Type name) (Signature)

Institute Director _____
(Type name) (Signature)

Principal Investigator/Program Director (*Last, first, middle*):_____

Biographical Sketch

Provide the following information for the key personnel in the order listed on Page 2. Use the supplemental Biographical sketch form if needed.

Name _____ Position Title _____

Education (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training)

Institution and Location	Degree (*If applicable*)	Year(s)	Field of study

Research and Professional Experience

Concluding with present position, list, in chronological order:

- Previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee.
- The titles, all authors, and complete references in the last three years to representative earlier publications pertinent to this application. If the list of publications in the last three years exceed two pages, select the most pertinent publications.

Use the Supplemental Research and Professional Experience form(s) if needed. **DO NOT EXCEED TWO PAGES**.

Date	Description

Other Support

(Use supplemental Other Support pages if needed)

Applicant and sponsor please list, in three separate groups:

1. Active support
2. Applications and proposals pending review or funding
3. Applications and proposals planned or being prepared for submission

Include all Federal, non-Federal, and institutional grant and contract support. If none, state "none".

For each item give the source of support, identifying number, project by professional named, annual direct costs, and entire period of support. (If part of a larger project, provide the titles of both the parent project and the subproject and give the annual direct costs of each.) Describe the contents of each item listed. If any of these overlap, duplicate, or are being replaced or supplemented by the present application, delineate and justify the nature and extent of the scientific and budgetary over laps or boundaries.

Institution and Location	Degree (*If applicable*)	Year(s)	Field of study

Supplemental Research and Professional Experience Form(s)

Date	Description

Supplemental Research and Professional Experience Form(s)

Date	Description

Supplemental Other Support page(s)

Supplemental Other Support page(s)