

Postdoctoral Candidates

To apply for a postdoctoral fellowship research experience at NCI, the following documents should be combined into a single PDF file and emailed to iCURE@nih.gov. Please save the file as: iCURE_postdoc_your name.

- **Cover Letter:** submit a signed cover letter (no longer than 2 pages, single spaced) that clearly states:
 - Name
 - Email Address
 - Statement that you are a citizen, non-citizen national, or legal permanent resident of the United States. Do not send documentation with your application.
 - Indication if you belong to the following groups: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders, individual with disabilities and/or low socioeconomic status. Note: iCURE strongly encourages applications from underrepresented students and scientists. This information will not be used to determine your eligibility for an iCURE award.
 - Your immediate and long-term career goals
 - If you are currently supported by NCI IRP funding, the start and end dates of the support and the reason(s) for the end of support. If you do not currently have NCI IRP support, the statement "I do not currently have NCI IRP support."
 - Your current academic or career level (e.g., fifth-year graduate student, first-year postdoctoral fellow) and area(s) of research interest. Please include your graduate GPA.
 - Any additional information that you feel is relevant for reviewers to know
 - Optional: if interested in a specific NCI IRP group, please indicate the PI's name
- **Curriculum Vitae (CV):** include your academic history and research experience as well as any publications, grant applications/awards, honors, professional experience, including any service on scientific and/or peer review boards or sessions
- **Transcript:** include a copy of your most recent transcript
- **Three References:** provide reference names, titles, institutions, addresses, and email and phone contact information. iCURE will request letters of recommendation directly from your references.

OMB Burden Statement

OMB No.: 0925-XXXX

Expiration Date: xx/xx/20xx

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iCURE postdoctoral fellows research experience awards will be for three years.