

Introduction to Cancer Research Careers (ICRC)

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Application Deadline: XX/XX/XXXX

OMB No.: 0925-XXXX
Expiration Date: XX/XX/XXXX

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Public reporting burden for this collection of information is estimated to average 60 minutes per response for this application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, SC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

Personal Information

Prefix: [Dropdown] *First Name: [Text] Middle Name: [Text] *Last Name: [Text]

*Primary Phone: [Text] Format: XXX-XXX-XXXX Secondary Phone: [Text] Format: XXX-XXX-XXXX *Primary Email: [Text] Secondary Email: [Text]

*Date of Birth: [Text] *Previous NCI Internships: Yes No *Citizenship Status: [Text]

*Emergency Contact Person: [Text] *Emergency Contact Number: [Text] Format: XXX-XXX-XXXX *Are you MARC Student? Yes No *If yes, expiration date of your award: [Text]

Permanent Address Domestic International Temporary Address Domestic International

*Address Line 1: [Text] Address Line 1: [Text]

Address Line 2: [Text] Address Line 2: [Text]

*City: [Text] City: [Text]

*State/Province/Region: [Dropdown] State/Province/Region: [Dropdown]

*Zip/Postal Code: [Text] Zip/Postal Code: [Text]

*Country: UNITED STATES Country: UNITED STATES

Academic Information/Educational History

NOTE: Please enter academic details beginning with your most recent education experience. Do not include high school academic history.

*School Name: [Text] *Date of Attendance: From: [Text] *Date of Attendance: To: [Text] *School City/State: [Text]

*Education Level: [Dropdown] *Year at Current Level: [Dropdown] *Degree: [Text] *School Grading Scale: [Dropdown]

School Grade if Other: [Text] *Cumulative GPA: [Text] *Primary Major: [Dropdown] Primary Major if Other: [Text]

Secondary Major: [Dropdown] Secondary Major if Other: [Text] *Date Degree Earned or Expected: [Text]

Add

School Name	Dates Attended	School City/State	Education Level	Year at Level	Degree	Grade Scale	GPA	Major	Secondary Major	Degree Date	Action

Research Experience

You must have at least one demonstrated research experience. Please be as detailed as possible in the description of your research.

*Name of Mentor: [Text] *Mentor Phone #: [Text] *Date of Experience: From: [Text] *Date of Experience: To: [Text]

*Hours Per Week: [Text] *Research Institution: [Text]

*Brief Summary of Duties (500 Character Limits): [Text Area]

Add

Name of Mentor	Mentor Phone #	Date of Experience	Hours Per Week	Research Institution	Summary of Duties	Action

Work Experience

Note: If you choose to include work experience in your application, you must enter Start and End Date of Employment, Name of Supervisor, and Brief Summary of Your Duties. Otherwise, work Experience information you enter will not be saved.

Place of Employment: [Text] Name of Supervisor: [Text] Supervisor Phone #: [Text] Start Date: [Text]

End Date: [Text] Hours per week: [Text]

*Brief Summary of Duties (500 Character Limits): [Text Area]

Add

Place of Employment	Name of Supervisor	Supervisor Phone #	Start/End Date	Hours Per week	Summary of Duties	Action

Publications

Publications: [Text Area]

Add

Description	Action

Honors and Awards

Honors and Awards: [Text Area]

Add

Description	Action

Professional Society Memberships

Professional Society Memberships: [Text Area]

Add

Description	Action

Other Skills

Other Skills: [Text Area]

Add

Description	Action

Personal Statement

*Please address the following points in your personal statement in 600 words or less (approximately 4000 characters):

- Why you are interested in cancer research
- What your career aspirations are
- Why you should be selected to participate in the ICRC Program

[Text Area]

4000 Character limits

Diversity Statement

*Please explain how your participation would further the goal of the ICRC Program to encourage diversity in the biomedical research consistent with NIH's Notice of Interest in Diversity (NOT-OD-18-210).

[Text Area]

1000 Character limits

Document Upload

In order for your application to be complete, please follow these directions: Be sure to block out any sensitive or uniquely identifiable information before uploading (e.g., Social Security Number, Date of Birth, Student ID Number).

- Upload all transcripts in PDF form. Unofficial transcripts will be accepted at this time; however official transcripts will be required for participants selected for the program.
- Resume/CV submission is not mandatory, but will be required for applicants selected for the program.
- Financial document must be uploaded if claiming financial disadvantage. Must upload most recent federal tax return form for self, or parents (if a dependent), and/or spouse (if applicable).
- All documents submitted must include the name of the applicant.
- Block out any sensitive information or uniquely identifiable information before uploading (e.g. Social Security Number, Date of Birth, Student ID, etc.)

*Transcript(s): [Choose File]

File Name	Action

Resume(s): [Choose File] no file selected

File Name	Action

Financial Document: [Choose File] no file selected

File Name	Action

References

Reference letters should be written by individuals who have knowledge of your academic and career interests, abilities, accomplishments, and preparedness for scientific research. Select someone who knows you well and can speak specifically on your behalf. Research mentors are recommended as a good starting point. Previous or current professors or employers can also provide letters.

Upon submission of your application, an e-mail will automatically be sent to each reference requesting that he/she complete an online letter of reference.

Reference 1: *Name: [Text] *Institution: [Text] *Address: [Text] *Phone Number: [Text] *E-mail: [Text]

Reference 2: *Name: [Text] *Institution: [Text] *Address: [Text] *Phone Number: [Text] *E-mail: [Text]

Scientific Methodology

Choose what best reflects your interests and abilities. Up to three (3) different choices may be selected.

- Analytical Chemistry
- Bioinformatics
- Biophysics
- Cellular Biology
- Chemistry/Drug Design and Development
- Developmental Biology
- Genetics
- Inorganic Chemistry
- Molecular Biology
- Molecular Radiobiology
- Nuclear Radiochemistry
- Pathology
- Public Health
- Toxicology
- Behavioural Research
- Bioinorganic Chemistry
- Biostatistics
- Cellular Haematology
- Computational Biology
- Drosophila Genetics
- HIV Research
- Mathematics
- Molecular Genetics
- Molecular Virology
- Nutrition
- Pharmacology
- Statistics
- Vaccine Development
- Biochemistry
- Biology
- Cancer Biology
- Cellular Immunology
- Computer Science
- Epidemiology
- Health Disparities
- Medicinal Chemistry
- Molecular Haematology
- Mouse Genetics
- Oncology
- Physiology
- Structural Biology
- Virology
- Bioengineering/Nanomedicine
- Biomedical Science
- Cancer Prevention
- Chemistry
- Cytology
- Functional Genomics
- Immunology
- Microbiology
- Molecular Immunology
- Neuroscience
- Organic Chemistry
- Psychology
- Synthetic Organic Chemistry
- Other (please specify below)

If Other, please indicate: [Text Area]

Medical entity/Disease

Choose what best reflects your interests and abilities. Up to three (3) different choices may be selected.

- AIDS/HIV
- Biomarkers, early detection
- Chemoprevention
- Endometrial Cancer
- Kidney (Renal, non-Hodgkin)
- Lymphoma, non-Hodgkin
- Pancreatic Cancer
- Susceptibility
- Adult Cancers
- Bladder Cancer
- Chemotherapeutics
- Genetics
- Leukaemia
- Melanoma
- Prostate Cancer
- Thyroid Cancer
- All Cancers
- Brain and Nervous System Cancer
- Childhood Cancers
- Immunology
- Lung Cancer
- Metastasis
- Risk Factors
- Other (please specify below)
- Alternative Medicine
- Breast Cancer
- Colon and Rectal Cancer
- Kaposi's Sarcoma
- Lymphoma
- Ovarian Cancer
- Skin Cancer (non-melanoma)

If Other, please indicate: [Text Area]

Internship/Placement Type

Tell us more about the type of internship you are seeking.

- *Type of Internship Desired: Summer Post-Baccalaureate
- *Type of Placement Desired: Lab Placement Non-Lab Placement No Preference

If you selected Post-Baccalaureate, would you consider a Summer internship if a Post-Baccalaureate position is not available? Yes No

- *Research Discipline: (check no more than two options)
- Biomedical (Basic Research)
- Biomedical (Clinical Research)
- Health Disparities
- Epidemiology
- Public Health
- Other (please specify below)

If Other, please indicate: [Text Area]

Where did you hear about this program?

Where did you hear about this program?

- Faculty Member at your school
- NIH or NCI website
- Scientific Conference (please specify below)
- Online Bulletin Board (please specify below)
- Print Advertisement (please specify below)
- Previous Participant (please specify below)
- LinkedIn
- Other (please specify below)

If Other, please indicate: [Text Area]

* I certify to the best of my knowledge and belief, all of the information in this application, attached to this application, and submitted subsequent to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work. I understand that any information I give may be investigated.

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