

FELLOWSHIP APPLICATION

(Please complete online or submit one printed original and a digital file on CD ROM, on or before March 31, 2010)

Type (check one)

Date _____

_____ Fellowship in the United States

_____ Fellowship in Italy

Period of Support Requested

August _____ through July _____

Project Title _____

Candidate Information

Name _____

Permanent Home Address _____

Current Mailing Address (if different than above) _____

Telephone _____ E-Mail _____ Fax _____

If currently living in the United States, how long have you lived here? _____
Year(s)/Month(s)

Personal Data

Date of Birth _____ Place of Birth _____

Citizenship _____ Social Security or ID# _____

Education

Institution	Degree/Field	Degree Month/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

Please have a copy of transcripts or degree sent directly to AICF.

Candidate's Name _____

Sponsoring Institution

Name of Sponsor Title

Sponsoring Institution

Street Address

City State Zip

Country

Telephone E-Mail Fax

Host Institution

Name of Mentor Title

Host Institution

Street Address

City State Zip

Country

Telephone E-Mail Fax

Please attach curriculum vitae, including research and professional experience. List in chronological order positions held, professional experience, and citations of publications (in chronological order and with full bibliographic information, including titles, pages, publisher, etc.)

TO BE COMPLETED BY MENTOR AND HOST INSTITUTION:

Candidate's Name _____

Name of Administrative Officer at Host Institution

Signature

Date

Name of Mentor

Signature

Date

Please attach a statement of acceptance on business letterhead, including:

- (1) A brief summary of the research environment;**
- (2) Advanced training opportunities for the candidate;**
- (3) Ways candidate will be recognized as the "American-Italian Cancer Foundation Fellow" by the host institution during the fellowship period; and**
- (4) Affirmation that the candidate will be able to attend at least one international meeting (please list the meeting(s) candidate may expect to attend).**

Statement of acceptance should not exceed 500 words.

Please mail directly to:

**Addie Backlund, Executive Director
American-Italian Cancer Foundation
112 East 71st Street, Suite 2B
New York, New York 10021**