



**Application for New Investigator Grant
Leukemia Research Foundation
(2020-2021 funding cycle)**



PLEASE COMPLETE OFFICIAL FACE PAGE

Date: _____ Date project is to begin: _____

Title of project: _____

Name of Principal Investigator and degree: _____

Official position AND department: _____

Full mailing address, including Institution, Department and Floor, to which notification should be sent:

Phone number: _____ Fax number: _____

Email address: _____

Does your research involve human subjects? Yes* No
**(If yes, written approval of the Institutional Review Board must be attached)*

Research Category and Key Words: For purposes of assigning reviewers, please check 1 or 2 categories that best describe the proposed research.

Cell Biology Clinical Immunology Molecular Biology Virology Other: _____

List up to six key words: _____

Contact information for person responsible for administration of funds:

Name: _____ Title: _____

Address: _____

E-mail address: _____ Phone number: _____

How did you become aware of this funding opportunity? Please check all that apply:

Mentor Colleague ASH Conference Leukemia Research Foundation website
 Hospital / Institution (specify): _____
 Other (please specify): _____

Publication (please specify): The New Scientist ScienceJobs.com ASH News Daily
 The Scientist Blood Cell Magazine

Name of Applicant

\$ _____
Amount Requested

Name of Institutional Officer