**ASTRO-MRA Early Career Investigator Award Applicant Eligibility Checklist**

**This checklist is required to ensure the eligibility of ASTRO-MRA Early Career Investigator Award applicants.** A **signed** Applicant Checklist must be uploaded to the online application in the Application Attachments section. Electronic/digital signatures are permitted.

Applicant Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of ASTRO (Y/N)? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | *Please answer the following:* |
|  |  | 1. Does the applicant currently hold the title of Assistant Professor?
 |
| **YES** | **NO** | *If answer to question 1 yes, please answer question 2:* |
|  |  | 1. Has the applicant held this, or any other full-time, independent faculty position, at any institution, prior to November 9, 2013?
 |
| **YES** | **NO** | *If answer to question 1 no, please answer questions 3-5:* |
|  |  | 1. Does the applicant currently hold, or will hold by July 1, 2019, a title that is considered by the institution to be a full-time, independent faculty position?
 |
|  |  | 1. Is the applicant able to apply for research grants as an independent Principal Investigator?
 |
|  |  | 1. Has the applicant held this, or any other full-time, independent faculty position, at any institution, prior to November 9, 2013?
 |
|  |  | 1. Does the applicant currently have, or will have by July 1, 2019, defined laboratory space that the applicant controls independent from other staff?
 |
| **YES** | **NO** | *If the answer to question 6 is no, please answer question 7:* |
|  |  | 1. For the duration of the proposed project, the applicant will be permitted independent laboratory space in the laboratory of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name, Title, Department) \**The above mentioned individual is required to sign below* |

 **Head of Laboratory where Applicant will be**

**Applicant Signature: conducting project** *(if applicable)***:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Signature*) (*Signature*)

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair, Division Head, or Dean:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Signature*)

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_