

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

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

## Young Investigator Award Applicant Eligibility Checklist

This checklist is required to ensure the eligibility of Young Investigator Award applicants. A signed Applicant Checklist must be uploaded to the online application in the Upload Attachments section and returned via email to Rachel Fischer at <a href="mailto:rfischer@curemelanoma.org">rfischer@curemelanoma.org</a> by November 3, 2021. Electronic/digital signatures are permitted. Applicant Name: \_\_\_\_\_\_ Position Title: \_\_\_\_\_ Title of Project: YES NO *Please answer the following:* 1. Does the applicant currently hold the title of Assistant Professor or a title that is considered by the institution to be a full-time, independent faculty position? If **answer to question 1** is 'NO', please answer questions 2-3: 2. Will the applicant hold by June 1, 2022, the title of Assistant Professor or a title that is considered by the institution to be a full-time, independent faculty position? Is the applicant able to apply for research grants as an independent Principal Investigator? All applicants please answer questions 4-5 4. Has the applicant held this, or any other full-time, independent faculty position, at any institution, prior to November 17, 2016? 5. Does the applicant currently have, or will have by June 1, 2022, defined laboratory space that the applicant controls independent from other staff? If the **answer to question 5** is 'NO', please answer question 6: 6. 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 **Applicant Signature:** Head of Laboratory where Applicant will be conducting project (if applicable): (Signature) (Signature) Print Name: \_\_\_\_\_ Print Name: Date: **Department Chair, Division Head, or Dean:** (Signature)