

## **Application Instructions**

Please carefully read all instructions to ensure accurate completion and correct processing of this application.

#### **Program Description and Requirements**

The Walter A. and Laura W. Deutsch Research fund was created to assist PhD, MD/PhD students and postdoctoral fellows pursuing degrees in biomedical sciences and who have <u>demonstrated an interest and potential for conducting oncology</u> <u>research and who have not received any other type of scholarship or grant for the upcoming academic year.</u> Successful applicants are students or fellows who have a strong academic record, have outstanding character and well-defined professional goals. The award will begin July 1. This year a single awardee will be funded in the amount of \$5,000 and be distributed as:

• All PhD and MD/PhD students and Postdoctoral fellows: up to \$3,000 disbursed to the recipient as a one-time pay increase in the stipend and \$2,000 disbursed to the research lab to be used as: \$1,000 for travel to attend scientific meetings and \$1,000 for supplies to offset lab expenses. Refer to attached application for complete guidelines and requirements

At the end of the year, awardee will be asked to submit a one-page summary documenting what the funding has meant to them, and signed by their mentor.

### Page 1: General Information and Faculty Mentor Information

In this section, please fill in the blanks with corresponding information.

Please provide your university (for PhD students) or medical school transcript (for MD/PhD students). This does not need to be an official sealed copy and in many instances an unofficial copy can be obtained from the registrar's office. If you are just starting graduate school or postdoctoral fellowship, please provide undergraduate transcript and for Fellows, your graduate school transcript.

Please also provide your curriculum vitae, including your college career, research work in the past, and any publications or presentations that you have given. Postdoctoral fellows should provide information on your PhD degree (dissertation abstract or summary).

You will need a faculty mentor during this program. If you have already chosen a faculty mentor and they have read the position requirements and agreed to serve as your mentor, please fill in his/her information. If you do not have a mentor, please indicate your area of interest and you will be matched with a faculty member.

### Page 2: References, and Personal Statement

Follow the instructions to list your references. References can be the same individuals who write your letter of recommendation.

This section will also outline the personal statement required. Please carefully read the questions to be answered in the personal statement and follow the format guidelines given. Then attach your personal statement to your application.

Be sure to sign and date page 2 and follow the submission directions on the bottom of page 4. **Deadline is June 1, 2023.** 

### Page 3: Letter of Recommendation Request Form

All applicants must provide a minimum of **two** (2) letters of recommendation <u>including a signed copy of the form on page three</u>. These should be from individuals who can support and recommend you for this program but can also be from another campus or from industry. One of these letters should be from your mentor, if you already have one.



## Page 4: Checklist

Email: ksodrel@iupui.edu

The deadline for all recommendation letters is <u>June 1, 2023</u>. Submission directions for letters of recommendation are at the bottom of page 3.

# **APPLICANT CHECKLIST**

se use this checklist to confirm that this application is complete and all items have been attached.
You have filled in all applicable blanks.
Your transcript and CV are attached.
You have provided information about your faculty mentor and your references. If you are an incoming student (PhD or MD/PhD) you do not need to provide mentor information. Postdoctoral fellows still need to provide this information if incoming.
You have signed and dated page 2
Your personal statement is attached and is correctly formatted (typed, single spaced, 1-inch margins, 12 pt. Times New Roman font, and no more than one page.)
Two letters of recommendation have been requested and will be delivered by June 1, 2023
You have included this form with your application pdf.
nit application packet as a single pdf to:
and Earl Herr Professor in Pediatric Oncology Research ciate Director of Basic Science Research, Indiana University Simon Comprehensive Cancer Center ssor, Departments of Pediatrics, Biochemistry & Molecular Biology, Pharmacology & Toxicology and Ophthalmology nct Professor, Eugene and Marilyn Glick Eye Institute stor, Program in Pediatric Molecular Oncology & Experimental Therapeutics at W. Irwin, Jr. M.D. Research Scholar ex-Petrino Translating Research into Practice Scholar sader, Cancer Drug Discovery and Development Program (CDDD), IUSCCC S Science Fellow and B Wells Center for Pediatric Research



## Please type or print

General Information				
Applicant's Name:E-mail				
Permanent Address:				
City/State/Zip Code				
Permanent Telephone ()_	Cell ()			
Date of Birth:	Expected Graduation Date:			
Gender Male	Female			
<b>Ethnic Information</b>				
Asian or Pacific Islander	☐ American Indian or Alaskan Native ☐ Caucasian			
☐ Black or African America	nn			
U. S. Residency Status				
☐ US Citizen ☐ 1	Permanent Resident			
Usa Status:	Other (Please Specify)			
Faculty Mentor Informatio	<u>n</u>			
☐ I have identified a faculty	mentor for this program and he/she has accepted this role. My mentor knows that he/she is			
required to meet with met at	least twice to monitor my academic progress and help me identify potential hematology or oncology			
research opportunities availa	ble to me and has agreed to submit a letter of recommendation for me.			
Please provide contact inform	nation for your mentor.			
Mentor's Name:				
E-mail Address	Telephone #			
Department and School				
☐ I need a faculty mentor ar	nd my areas of interest are:			



## References

You must include at least two references (you can list more) and those two should be faculty members at IUSM biomedical department if you are a current student or postdoctoral fellow. If you are an incoming student or fellow, references can and should be from your undergraduate or graduate school. Two letters of reference/recommendation are required. Additional recommendations/references can also be included.					
Name/Position	Department	Title	Telephone	Email	
Name/Position	Department	Title	Telephone	Email	
Name/Position	Department	Title	Telephone	Email	
Name/Position	Department	Title	Telephone	Email	
no more than one page  Family Education Riv					
The Family Education	ghts and Privacy Rights Rights and Privacy Act of 1974		•		
☐ I, the applicant, her with me. ☐ I, the applicant, do	reby waive my right to examine not waive my right to examine not waive my right to examine agn or indicate waiver status indicate	my letters of recomm	endation and understan		
BY SIGNING BELOV HIS/HER KNOWLED	W, THE APPLICANT HEREBY OGE.	Y AFFIRMS THAT A	ALL INFORMATION	IS TRUE TO THE BEST C	
Applicant Signature			I	Date	



### **APPLICANT RECOMMENDATION (to accompany letter)**

Applicant's Name	
MD/PhD and postdoctoral fellows pursuing degrees in biomed	. Deutsch Research Fund which has been created to assist PhD, ical sciences and who have demonstrated an interest and potential have a strong academic record, have outstanding character and
Your name (please print)	
Title:	
Department, Company or Organization:	E-mail:
Campus Address or Other Mailing Address:	
How long have you known the applicant and in what capacity?	
The selection committee would greatly appreciate a recommen potential as physician and/or researcher. Please feel free to incl the applicant. We are particularly interested in additional inform  The applicant's capacity to seek and actively engage opportunities  The applicant's self-sufficiency and his or her persistence level  The applicant's time-management practices  The applicant's capacity to develop and maintain strong working relationships	ude any information that will give us a greater understanding of
Your Signature	Date

### Please attach a letter of recommendation for this applicant.

BY June 1, 2023, please return this page and your letter of recommendation via email directly to:

### Mark R. Kelley, Ph.D. C/o Katie Jackson

Betty and Earl Herr Professor in Pediatric Oncology Research

Associate Director of Basic Science Research, Indiana University Simon Comprehensive Cancer Center Professor, Departments of Pediatrics, Biochemistry & Molecular Biology, Pharmacology & Toxicology and Ophthalmology

Adjunct Professor, Eugene and Marilyn Glick Eye Institute

Director, Program in Pediatric Molecular Oncology & Experimental Therapeutics

Glenn W. Irwin, Jr. M.D. Research Scholar

Bantz-Petrino Translating Research into Practice Scholar

Co-leader, Cancer Drug Discovery and Development Program (CDDD), IUSCCC AAAS Science Fellow Herman B Wells Center for Pediatric Research

Email: ksodrel@iupui.edu