**GMaP Region 4 Travel Award**

**Purpose:** The Early Career Travel Award is intended to support career development in cancer research, with an appreciation for health disparities research. It is designed to assist early career scholars with expenses related to:

* Conferences (i.e., registration, travel, lodging, etc.)
* Workshops/Trainings
* Other Qualified Career Development Opportunities

Up to $750.00 in travel reimbursement will be available.

**Eligibility:** Scholars must,

* Be a member of GMaP Region 4 – CT, IA, IL, IN, MA, MI, MN, NJ, NY, OH, PA, RI, WI.
* Complete a Travel Award application form.
* Preference will be given to applicants who intend to apply for one of the Center to Reduce Cancer Health Disparities [CURE Awards](https://www.cancer.gov/about-nci/organization/crchd/diversity-training/cure) within the upcoming year.
* Must be a Trainee/New Investigator or an Early Stage Investigator.

NCI Definitions:

* **New Investigator** – individual has not previously competed successfully for a substantial NIH independent research award.
* **Early Stage Investigator (ESI)** – individual is within 10 years of completing terminal research degree/medical residency (or equivalent).

**Special Notes:**

* All expenses must be charged and received by Fox Chase Cancer Center within one month of travel completion for reimbursement. Original itemized receipts are required. Reimbursement forms will be provided. You must provide a current W-9 form along with the travel reimbursement form in order for your reimbursement to be processed.
* Incomplete applications will not be reviewed.
* Limited funds are available.
* Only one application/event per scholar.
* This is a competitive award. A committee will convene to approve awards based on merit.
* Allow a minimum of 2 weeks for review of application.
* If awarded, you will be required to complete a short Post Event Report.
* For more information contact Carrie Norbeck, GMaP R4 Regional Coordinating Director, at carrie.norbeck@fccc.edu.

**APPLICATION**

**Instructions:** Complete sections I, II, and V for the travel award application. Sections III and IV are to be completed post-event.

1. **Applicant Information**

a. Full Name:

b. Academic Title and Career Level:

c. Home Institution:

d. Mailing Address:

e. Email:

f. Phone Number:

g. Education/Degree(s):

h. Please submit a current CV or NIH Biosketch with your application packet.

i. Check all the NIH/NCI Awards you have received.

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| --- | --- | --- |
| * Diversity Supplement
 | * K01
 | * K08
 |
| * F31
 | * K22
 | * R21
 |
| * T32
 | * P20 Trainee
 | * U54 Trainee
 |
| * Other Trainee
 | * None
 | * Other (Explain):
 |

j. Please briefly describe your intention and timeline to apply for a [CURE](https://www.cancer.gov/about-nci/organization/crchd/diversity-training/cure) award. If that is not your intention, please describe the cancer research funding awards you are aiming for within the next 1-2 years.

**II. Type of Event**

Brief Description of Event:

1. Name of Event:
2. Location of Event:
3. Dates of Event:
4. Brief narrative description of the Event:
5. Do you have an abstract accepted at the event? If yes, please provide abstract title and details, including

date/time if known.

1. How will this contribute to your career development and current research (brief narrative 50- 100 words)?

**III. Post Event Report:** All scholars must complete a brief report and submit it with reimbursement request.

1. Name of Awardee:
2. Name of Conference/Meeting including location and date:
3. What was the purpose of the event?
4. What are your career objectives (next 3-5 years)?
5. How has this event benefited your current research work?
6. Will this expense benefit your long term research work/goals?
7. Did event enable you to make any professional connections that could benefit your current research?
8. Did you meet other GMaP investigators? If yes, please list.
9. If applicable, attach a copy of your abstract/poster/presentation.

**IV. Reimbursement Instructions**

1. For all expenses, you will have to pre-pay and then file for reimbursement of your approved amount. A reimbursement form and W-9 will have to be submitted. All documents will be provided to you upon reward of travel scholarship.
2. Keep all your original itemized receipts for reimbursement (airfare, transportation, meals, etc.). Provide a Google Maps route with shortest distance as an option if requesting mileage reimbursement. Provide a copy of the meeting agenda if applicable.
3. Submit the reimbursement request within 30 days from travel dates, along with the W9 and short post event report. Post event report should be emailed to Carrie Norbeck at carrie.norbeck@fccc.edu.
4. Reimbursements will be made after event has been completed. Allow 6-8 weeks for processing.

**V. Application Submission**

a. Send completed application and materials in PDF format to carrie.norbeck@fccc.edu with subject line: GMaP Region 4 Travel Award Application.

b. If you have any questions please contact Carrie Norbeck at carrie.norbeck@fccc.edu.