

Young Investigator Applicant Eligibility Checklist

This checklist is required to ensure the eligibility of Young Investigator applicants. A signed Young Investigator Applicant Eligibility Checklist must be uploaded to the online application in the Upload Attachments section and returned via email to Rachel Fischer at rfischer@curemelanoma.org before October 19, 2022. 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?

<i>If answer to question 1 is 'NO', please answer questions 2-3:</i>		
		2. Will the applicant hold by June 1, 2023, the title of Assistant Professor or a title that is considered by the institution to be a full-time, independent faculty position? <i>**If you do not hold a title of "professor," but believe your position makes you eligible for as a Young Investigator, please contact Rachel Fischer at rfischer@curemelanoma.org to confirm.</i>
		3. Is the applicant able to apply for research grants as an independent Principal Investigator?

****NOTE: You must answer "YES" to either question 1, OR questions 2 & 3, to be considered eligible.**

<i>All applicants please answer questions 4-5</i>		
		4. Has the applicant held this, or any other full-time, independent faculty position, at any institution, prior to November 2, 2017?
		5. Does the applicant currently have, or will have by June 1, 2023, defined laboratory space that the applicant controls independent from other staff?

<i>If the answer to question 5 is 'NO', please answer question 6:</i>		
		Will the applicant will be permitted independent laboratory space, for the duration of the proposed project, by another individual? Please provide the Name, Title, and Department of the head of the laboratory where the applicant will be conducting their project: _____
		(Name, Title, Department) <i>*The above-mentioned individual is required to sign below</i>

****NOTE: You must answer "NO" to question 4 to be considered eligible. And you must either answer "YES" to question 5, OR answer "YES" and provide a name for question 6 to be considered eligible.**

Melanoma

Research Alliance

Applicant Signature:

(Signature)

Print Name: _____

Date: _____

Department Chair, Division Head, or Dean:

(Signature)

Print Name: _____

Title: _____

Date: _____

**Head of Laboratory where Applicant will be
conducting project (if applicable):**

(Signature)

Print Name: _____

Title: _____

Date: _____