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**Northern New England Clinical Oncology Society
Student Project Grant Application**

To apply**,** please submit the completed application and the required supporting documents in a single pdf to info@nnecos.org

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

**List of Student Collaborators:\***

**A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*All participants must remain in good standing within their academic program and institution for the duration of the project.*

**Faculty/Clinician Mentor(s)/Institution**† ***(****Letters of Support required from each mentor****)***

**A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

†*The primary mentor can be a faculty member from any college or university program within Maine, New Hampshire and/or Vermont. Faculty mentors are responsible for sponsoring and supervising the proposed project; ensuring that students stay on track, manage their budget, proceed in a timely fashion with project goals; and prepare to present their project in an open forum. Mentors are also responsible for guiding students through the IRB process if appropriate. Students and Faculty Mentors recognize that receipt of a NNECOS Grant, and subsequent application to, and acceptance to any national or international conferences does not commit NNECOS to funding their expenses for registration, travel or lodging.*

**Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Description: Please include all of the following (**up to, but not

exceeding, two double-spaced pages)**:**

1. Description of your project
2. Description of the team composition and the student and faculty team members’ roles
3. Background/Significance and Specific Aims of your Project
	* Provide a brief background of what the proposed project will address and its significance in the advancement of oncology, cancer survivorship, and/or cancer awareness.
	* State specific aims of the project and project design (e.g. literature review, survey, focus groups, observation, experiential investigation, other). Projects involving human subjects must be reviewed by the IRB.
	* Identify the proposed project’s final product and how/when it will be presented (e.g. oral presentation, poster, publication, website, media presentation, or political action). Other venues of presentation are encouraged (conferences, community groups, etc.)
	* Timeline for proposed project including benchmarks (e.g. outlines; completion of certain portions, for example literature review or surveys). Also, please indicate dates for reporting to NNECOS semi-annually, and which member of the team will be tasked with reporting in. Please include all major events pertaining to your project, from inspiration to completion.
	* Brief reference list (4-6 scholarly articles or sources).

**Proposed Budget Table**

Be as thorough as you can as you list, in table format, all the possible expenses you might encounter during the execution of your project. Projected number of hours and rate of pay are required for all staffing requests.

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Requested Amount** |
| **Staffing**  | Ie. Project participants’ stipend |  |
| **Supportive Resources** | Ie. Software, survey fees, educational items |  |
| **Supplies** | Ie. Office items, printing |  |
| **Miscellaneous**  | Ie. Postage, conference attendance |  |

**Submission Deadlines**

Applications are accepted at any time, and will be reviewed on a rolling basis, typically within 30 days of submission. Awards are determined by an interprofessional team of health care clinicians, faculty members,‡ and NNECOS staff. Grant applicants and recipients will be notified following the review period.

‡If a faculty mentor listed for a particular application is a member of the NNECOS grant review team, he or she will be recused from the review.

**REQUIREMENTS FOR NNECOS GRANT RECIPIENTS**

**It is the team’s responsibility to:**

1. Conduct their projects as proposed.

2. Assign a team member (or members) to report to NNECOS on a semi-annual basis.

3. Ensure the completion of their project during the proposed time period.

4. Meet with their faculty mentor at regular intervals to ensure the quality of the project, preparedness for presentation, and timely completion.

5. Present their findings/products either as a poster or platform presentation at either the Spring or Fall annual NNECOS meetings, as well as other appropriate venues.

6. Contact the IRB of their respective institution to obtain project approval or exemption for projects involving human subjects.