

Jane Coffin Childs Memorial Fund | Fellowship Application

1	Applicant Information	2	PhD Advisor Information	3	Proposed Sponsor	4	Proposal Synopsis	5	Referees for Letters	6	Proposal Statement	7	Education & Pubs	8	Research Experience	9	Signature Page	10	Review & Submit
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SECTION 1

Applicant Information

Please complete each field. Once fields are complete use the "Save" button at the end of the page and then hit "Continue" to get to the next screen. You will be able to come back to this screen. If you make any changes you must hit the "Save" button again. Deadline date February 1, 2021.

Personal Information

Last Name

First Name

Enter gender identity

Date of Birth

mm / dd / yyyy

US Citizen

Yes ▾

Under Represented Minority

First Generation College

Application Information

Topic Area

Primary Choice

Secondary Choice

Preferred Start Date (award term is 3 years)

Educational Information

Title of PhD thesis

Enter N/A if you only have an MD

Degree

Doctoral degree?

No ▾

Medical Degree?

No ▾

Date Degree Conferred or Expected

mm / dd / yyyy

Please leave this blank if you only have an MD

Date Started/Expected in Sponsor Lab

mm / dd / yyyy

Applicant Current Contact Information

Your Institution's Name

Your Department

Your E-mail at Institution

Applicant Address

Street

Phone

City

State

Zip Code

Other agencies

Please provide names of other agencies you have applied to. Use this section to also include explanation as to why you may have more than one year post-doctoral experience (i.e. remained in lab to complete project and paper)

DO NOT USE THIS SPACE TO DESCRIBE YOUR WORK

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Jane Coffin Childs Memorial Fund

Fellowship Application

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SECTION 2

PhD Advisor Information

Please complete each field. When done click “save” button at the bottom of the page and then continue to advance to the next screen.

Advisor Last Name

Advisor First Name

Advisor Email Address

Advisor Department

Advisor Institute

Advisor's Address

Street

Phone

City

State

Zip Code

Save

Continue >

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SECTION 3

Proposed Sponsor Information

Please complete each field. When done click “save” button at the bottom of the page and then continue to advance to the next screen.

Please note that the Applicant name must be filled out in Section I prior to notifying your sponsor. Click [here](#) if you wish to change the Applicant name

Click the send button to the right to generate the email request to your Sponsor. Once the letter has been received and uploaded, the button will change to green.

Sponsor

Delete

Sponsor Last Name

Sponsor First Name

Sponsor Email Address

Sponsor Department

Sponsor Institute

Sponsor's Address

Street

Phone

City

State

Zip Code

+ Add Sponsor

Save

Continue >

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SECTION 4

Research Proposal Synopsis

Please enter a short synopsis of your proposal. This is not to exceed 200 words. Note that if the text is more than 200 words it will not print on the form that the reviewers will read

Proposal Title (75 characters)

Please note that the title is not included in the 200 word limit

Save

Continue >

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SECTION 5

Information for Referees for Letters

Instruction: Please complete the first referee information (this should be your PhD Advisor); Click on the save button and then click the add referee to advance to the second screen; complete the screen. Click on the save button and then click the add referee to advance to the third screen; when you are done click “Continue” to advance to the next section.

Please note that the Applicant name must be filled out in Section I prior to notifying your referees. Click [here](#) if you wish to change the Applicant name.

Do not use your Sponsor as a Reference.

Click the send button to the right to generate the email request to your Referee. Once the letter has been received and uploaded, the button will change to green.

Referee 1.

Delete

Last name

First name

Email Address

Institute

+ Add Referee

Save

Continue >

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SECTION 6

Proposal Statement

Please upload your proposal statement, figures and/or figure legends and charts. The bibliography section is limited to 40 citations and 1 page. The format for the upload file is listed on each section.

Please conform to these font and margin measurements: Single-space, 12 point type margins >= .25 inches.

State specific research objectives/aims, method of approach.

Proposal Text

Upload PDF of Your Proposal Text (2 pages of text; do not embed figures)

Browse

Bibliography

Upload PDF of Bibliography (Limited to 40 citations. The format for the references is as follows: Author(s), Publication year, Title, Publication or Journal Name, Volume Number, Page number range.)

Browse

Figures and/or Figure Legends and Charts - (Up to 2 Pages)

☐ I want to include a figures PDF

Save

Continue >

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SECTION 7

Education & Pubs

Other Education, Professional Experience & Publications

Please let us know if your publication is accepted after submission. Send the information to the fund in an e-mail (jccfund@yale.edu) and it will be sent to the reviewers. In the subject line, please put your name and PUBLICATION UPDATE

Other Degrees and Education

List education starting with undergraduate degree. Format is Month and Year, Institution and Degree.
List any educational training and certifications.

Please note that copying and pasting from another document will remove all formatting, which you will then need to recreate in the box below.

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Professional Positions

List titles of positions you have held, month and year, Institution or Society and Awards.

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Your Publications

Please list your top 3 publications including a link to the publication. Below this, please list your remaining publications in chronological order with the most current first.

Publication Format

The format for the publications is as follows: Author(s), Publication year, Title, Publication or Journal name, Volume number, Page number range.

Please note that copying and pasting from another document will remove all formatting, which you will then need to recreate in the box below.

Example

Goller EM, Grimes B, Brown, D., Xu, Lin 2012, Temozolomide Resistance in Glioblastoma. Cancer Research. 71:23-30
<http://cancerres.aacrjournals.org/content/71/3/23>

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SECTION 8

Previous Research Experience

Please describe your thesis work in narrative form. You may also include other research that you feel is relative to your training.

Please do not list dates and positions only. Please keep the length to one page.

Start with PhD. work, please include any other research experience that you feel is relevant.

Please note that copying and pasting from another document will remove all formatting, which you will then need to recreate in the box below.

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© Jane Coffin Childs Memorial Fund for Medical Research

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SECTION 9

Signature Page

Please click the link and complete the Signature Page. Print it out and get the required signatures.

*** This form will not print with your application. Instructions on how to submit the signature page are on the page ****

[Click here for signature page](#)

Continue >

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SECTION 10

Review & Submit Your Application

Please review the following information thoroughly before submitting your application. All sections are required. **Please make sure that the document requested in the Signature Page has also been completed and submitted by February 12, 2021.**

1 Applicant Information

EDIT

2 PhD Advisor Information

EDIT

3 Sponsor Information

EDIT

4 Proposal Synopsis

EDIT

5 Referees

EDIT

6 Proposal Statement

EDIT

7 Education & Pubs

EDIT

8 Research Experience

EDIT

Please read [these guidelines](#) prior to submitting.

Print Application

Application Preview

Submit Your Application