

**UC Davis Comprehensive Cancer Center  
Paul Calabresi Clinical Oncology K12 Program  
Application Cover Sheet**

*This form must accompany your electronically submitted application package.*

**Deadline: February 15, 2021 at 10 a.m.**

Name (Last, First, Middle Initial) Degree(s)

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Department(s)

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Professional title(s)

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Work # Home/Cell #

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Pager #

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Preferred email address

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Permanent mailing address

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Title of Project

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**Letters of support** Please list names, titles, affiliations, phone numbers, and email addresses. List each mentor separately and have all mentors jointly sign one single letter of support.

<b>Mentor #1 Name and Degree(s):</b>	
Department/Affiliation	Phone #
Title	Email address

<b>Mentor #2 Name and Degree(s):</b>	
Department/Affiliation	Phone #
Title	Email address

<b>Department Chair Name and Degree(s):</b>	
Department/Affiliation	Phone #
Title	Email address

**Please complete this Demographics Information form (For grant-reporting purposes only – Paul Calabresi K12)**

**Applicant name** \_\_\_\_\_

**Age** \_\_\_\_\_ years      **Date of Birth** \_\_\_\_\_ (dd/mm/yyyy)

**Gender**       Male                       Female

**Racial Category (“X” or click on those with which you identify)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or another Pacific Islander
- White
- More than one race
- Unknown (*individuals not reporting ethnicity*)

**Ethnicity Category (“X” or click ONLY one with which you MOST CLOSELY identify)**

- Hispanic or Latino
- NOT Hispanic or Latino
- Unknown (*individuals not reporting ethnicity*)
- Other (please specify) \_\_\_\_\_

**Disability or Disadvantaged**

Do you have a disability, or are you from a disadvantaged background?

- Yes    No       Mobility/Orthopedic Impairment    Hearing    Visual    Other

If Yes, please explain: \_\_\_\_\_

**Citizenship**

- United States
- Other (please specify) \_\_\_\_\_

**Date Informed Consent Signed** \_\_\_\_\_(dd/mm/yyyy)