Melanoma Research Foundation
2022 Medical Student Research Grant
Application Instructions

Background: The Melanoma Research Foundation (MRF) has been awarding Medical Student Research Grants since 2011. Since that time, 80 grants have been awarded to students at 46 different institutions.

Purpose: To promote research opportunities to medical students early in their careers by funding clinical or laboratory-based research projects focused on better understanding the prevention, biology and treatment of melanoma, including cutaneous, ocular, mucosal, pediatric, etc. In 2022, in addition to awards focused on any aspect of melanoma research, the MRF is pleased to also offer at least one award focused specifically on mucosal melanoma research.

Grant Amount and Timeline: Grant awards are $3,000 per award period. Length of award period is one year from the date of disbursement of the award. A 1-year no-cost extension may be considered. Requests can be sent to research@melanoma.org.

Eligibility Requirements: Applicants must be a medical student in good academic standing at an accredited U.S. medical school or institution. MD and/or MD/PhD students are eligible to apply. The student does not need to be a U.S. citizen and may work on a research project with a mentor at an institution other than the one where she or he is enrolled. Applications will not be accepted from previous recipients of MRF Medical Student Research Grant Awards.

Application Materials:
- Completion of application cover page (Included)
- Personal Statement describing professional goals/career plans (1 page maximum)
- Research project proposal, including Title, Abstract – Research AND Lay, Background, Hypothesis, Specific Aims, Methods, Summary, Relevance and Literature Cited (5-page maximum including abstract and literature cited)
- If required for the project, proof of IRB or IACUC approval or submission for approval
- CV of applicant (3-page maximum)
- Letter of support from Research Mentor approving research proposal as well as outlining Mentor’s role and expectations. Further, the Mentor should comment on the applicant’s potential for a career as a physician-scientist. Research Mentor should be an MD and/or PhD engaged in melanoma research that is consistent with the program purpose as stated above. Co-Mentors are allowed.
- Research Mentor’s Biosketch - NIH Format (do not submit the mentor’s complete CV) Research budgets are NOT required.

Application Deadline: Applications will be accepted beginning September 13, 2021 and ending on November 15, 2021 at 5:00 PM ET. Decisions will be made and sent out via email by January 25, 2022. Funds will be disbursed once all required paperwork is submitted to the MRF.
Grant Award Criteria: The applicant's proposed research project is expected to be applicant-conceived and not merely an extension of ongoing research of their Research Mentor or another Principal Investigator. However, as the applicant may not have much laboratory experience, the research proposal does not need preliminary data to support the application. The project should be focused, innovative, clearly outlined and based on a methodology that is scientifically sound. All research projects must have the potential to contribute meaningfully to the field of melanoma research focused on better understanding the prevention, biology and/or treatment of the disease.

Recipients will be required to complete and return the MRF Medical Student Research Grant Award Final Report Form included in the application materials no later than 60 days following the completion of the research study time period.

Funding Restrictions: Grant awards are to be used for direct laboratory costs and/or salary support. They are not to be used for indirect/administrative costs, to hire a consultant or contractor, or for travel expenses.

Selection Criteria: All proposals will be graded on a 3-point scale in three major categories: applicant, application and mentor. Each proposal will be reviewed by two independent melanoma experts. Each reviewer will assign a point score to the relevant areas noted below and a final score will be generated by the average of the two reviewer's scores. In the event that a major discrepancy exists between the two scores of the reviewers, a third reviewer will be selected whose score will be averaged with the prior two scores. No reviewer shall review a proposal for which he or she may have a conflict of interest.

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If you have questions about the MRF’s Medical Student Research Grant, please contact our office at (800) 673-1290 or email research@melanoma.org.
Melanoma Research Foundation
Medical Student Research Grant Application Check List

✓ Please use this list as a guide to be sure you have submitted all necessary documents.

☐ Complete the application cover page with signed certified applicant statement (included).

☐ Personal Statement describing professional goals/career plans (1 page maximum)

☐ Complete the Research Project Proposal:

  Typed text should be in Times New Roman 11pt font size and is not to exceed the 5-page maximum (with 1” margins). The 5-page max includes references. The research proposal should include the following: Title, Abstracts (Research and Lay), Background, Hypothesis, Specific Aims, Methodology, Summary, Relevance and Literature Cited.

☐ If required for the project, proof of IRB or IACUC approval or submission for approval

☐ CV of applicant (3 page maximum)

☐ Letter of support from Research Mentor approving proposed research, as well as outlining Mentor’s role and expectations. Further, the Mentor should comment on the applicant’s potential for a career as a physician-scientist. Research Mentor should be an MD and/or PhD engaged in melanoma research that is consistent with the program purpose as stated above. Co-Mentors are allowed.

☐ Research Mentor’s Biosketch - NIH Format (do not submit the mentor’s complete CV)

☐ All components of the application (cover page, personal statement, proposal, applicant CV, letter(s) of support, and mentor’s biosketch should be scanned and emailed as one PDF document to the program director at research@melanoma.org. An application consisting of multiple attachments will not be accepted.
Applicant Name: ___________________________________________________________

Research Mentor Name: _____________________________________________________

Research Mentor E-mail Address: ____________________________________________

Project Title: ______________________________________________________________

Mucosal Melanoma Medical Student Proposal: □Yes □No

Current Medical School: ____________________________________________________

Current Year in School (Select One): □ MS 1 □ MS 2 □ MS 3 □ MS 4
□ MD/PhD or Approved Research Year (Specify): ______________________________

Applicant Institutional E-mail Address: _________________________________________

Applicant Personal E-mail Address: ____________________________________________
(will only be used if necessary)

Applicant Primary Telephone Number: (_____) ___________________________________

Applicant Mailing Address: ___________________________________________________
___________________________________________________________________________
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CERTIFIED APPLICANT STATEMENT:
The Applicant certifies that the above information is accurate to the best of their knowledge. The Applicant agrees to utilize the grant funds as outlined in the application materials and for the purposes detailed in the research project proposal. The Applicant also certifies that the research project proposal is applicant-conceived and not merely an extension of ongoing research being conducted by their Research Mentor or another Principal Investigator. A typed name will serve as the applicant signature.

Applicant Signature: _________________________________________________________

Date: ______________________
Melanoma Research Foundation
Medical Student Research Grant Award Final Report Form

Please submit the report form no later than 60 days following the completion of the research study time period. Report form and attachments can be emailed to research@melanoma.org.

Recipient Name: _____________________________________________________________

Research Mentor Name: _______________________________________________________

Project Title: ________________________________________________________________

Current Institution: _____________________________ Award Date: _________________

Mailing Address: __________________________________________________________________________

Telephone: _________________________

E-mail: Institutional: __________________________ Personal: _____________________________

SUMMARIES AND OUTCOMES

- **Progress Report**: Please describe the progress of your research for each aim in your proposal in lay language. Please include percent completion and if there are plans for continuation.

- **Presentations**: Has your funded research been presented? If so, please state where your funded work was presented.

- **Publications**: Has your funded research been published? If so, please append abstract, article, or list publications.

- **Patents**: Have there been patent applications and/or issued patents related to MRF-funded grants? Explain briefly (1 sentence).

- **Clinical Trials**: Has this research supported a clinical trial? If so, please explain.

- **New Collaborations**: Has your research resulted in additional collaborations?

- **New Research Funding**: Have new sources of funding resulted by virtue of MRF-funded research? If so, please share source and amount.
• Has this research opportunity influenced your decision to participate in (pick as many as apply):
  o Medical research in the future?
  o A specific residency/fellowship program? If so, which program?
  o Other – explain.

• Grant Funds: Please describe how your grant funds were used. If any portion of your grant funds were used for direct laboratory costs, please provide us with a detailed list of your actual expenditures.

Please provide us with copies of any manuscripts, publications, posters or abstracts related to your MRF grant-funded research. Copies may be attached separately.

Signature: _______________________________ Date: __________________
(Typed name serves as electronic signature)