Request for Proposals (RFP)

2027 Medical Student Research Grants

Background: The Melanoma Research Foundation (MRF) has been awarding Medical Student Research Grants since 2011. Since that time, 152 grants have been awarded to students at over 60 institutions.

Purpose: To provide research funding to medical students early in their careers by supporting clinical or laboratory-based research projects focused on better understanding melanoma prevention and early detection, behaviors that impact melanoma risk, biology, and treatment of melanoma (including cutaneous, ocular, mucosal, pediatric, and acral).

Grant Amount: Grant funding is $3,000 per award for a one-year project.

Questions: Please direct any questions regarding this RFP to research@melanoma.org.

Application Deadline: Applications will be accepted until **November 13, 2026, at 11:59 PM ET**.

Award decisions: Applicants will be notified of funding decisions by **January 8, 2027.**

Funding Disbursements: Approved applicants and their institutional contact will be sent an award agreement for signature, which must be submitted along with other required paperwork to the MRF by January 29, 2027. Funds will be disbursed on or before February 28, 2027.

Grant Period: February 28, 2027 – February 27, 2028

Eligibility Requirements:

- Applicants are required to have at least one research mentor. The research mentor should be an MD and/or PhD engaged in melanoma research. Co-mentors are allowed.
- The research project may be with a mentor at an institution other than the one where the applicant is enrolled.
- The applicant's proposed research project is expected to be applicant-led and not merely an extension of the ongoing research of their mentor.
- The applicant does not need to be a U.S. citizen.
- Applicants must be a medical student in good academic standing at a Liaison Committee on Medical Education (LCME)-accredited or American Osteopathic Association Commission on Osteopathic College Accreditation (COCA) medical school or institution in the United States.
- MD and/or MD/PhD students are eligible to apply.
- Applications will not be accepted from previous recipients of MRF Medical Student Research Grant Awards.

Review Process:
All proposals will be evaluated based on three major categories: **applicant, application, and mentor.**

For the Applicant: The main evaluation criteria are academic achievement/leadership potential, research background related to the project, and interest in a career in research.

For the Application: The main evaluation criteria are content, clarity, methodology, and achievability.

For the Mentor: The main evaluation criteria are experience in the proposed technique, external grant support, time and interest to train the applicant, and research environment.

Each proposal will be reviewed by two independent melanoma experts. If a major discrepancy exists between the two 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. The top-ranked grants are recommended for funding to the MRF Board of Directors. The number of grants selected for funding is determined by the MRF Board of Directors, based on available funds.

Reporting:

- Recipients will be required to submit a Final Report through Proposal Central no later than 60 days following the completion of the grant period.
- Acknowledgment of support from the MRF must accompany any published report using data or findings from research conducted under an award from the MRF.
- The intellectual property reviewed remains solely within the institution.
- Recipients must use the approved MRF logo for all acknowledgement in presentations or publications.

STEP-BY-STEP APPLICATION INSTRUCTIONS:
All submissions, notifications, and critiques will be completed entirely online through ProposalCENTRAL (https://proposalcentral.altum.com/).

Please read the instructions carefully prior to beginning the online grant submission process.

Step 1: Title Page
The project title should not exceed 75 characters (including spaces). Choose the grant program to which you are applying (Medical Student Award).

Award period: February 28, 2027 – February 27, 2027

Step 1a: Enable Other Users to Access This Proposal
You have the option to allow other individuals access to your application. You can choose from three different levels of permission.

Step 2: Applicant/PI
Profile information is pre-loaded in this section. You may update your profile information here as well.

Step 3: Additional Applicant/PI Information

Additional applicant/PI information is requested in this section. All answers for this step are optional. This information will only be used for internal MRF purposes.

Step 4: Institution and Contacts
Institution information and contact information can be updated and/or changed here. Institution Signing Official and Financial Officer contacts are required.

Step 5: Key Personnel
Key personnel, other than the applicant, who will provide support to the project, will be listed here. At least one mentor must be included in this section.

Step 6: Personal Statement
Provide a personal statement describing your professional goals/career plans. The total length of the statement should not exceed 3,000 characters (including spaces).

Step 7: Abstracts

- **Scientific Abstract**: In the space provided, include a summary of the proposal that gives a brief description of the objectives, rationale, methods, and expected results. Limit: 2,000 characters (including spaces). Written in scientific terms.
- **Lay Abstract**: In the space provided, include a brief (<2,000 characters, including spaces) summary of the proposal. Written so the everyday person can understand the significance, impact, and innovation of the proposed research. Portions may be used in MRF's publications, press releases, fundraisers and educational events.
- **Summary Quote**: In 100 characters or less, provide up to two sentences that describe the impact of your research on the melanoma community. Written for lay understanding.
- **Keywords/Research Categories/Special Topic Proposals (STPs)**: Select up to six appropriate keywords (from the list provided). Then select appropriate categories and STPs for the project.

Step 8: Budget Summary
Provide a high-level summary of what the funds will be used for. 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.

Step 9: Organization Assurances
Enter information regarding human subjects, vertebrate animals, and/or recombinant DNA (if relevant). If an application has just been submitted, please note that as well.

Step 10: Upload Attachments
All attachments must be in PDF form. Uploaded documents should fall under one of the following categories:

- **Letter of Support** – From at least one research mentor approving the proposed research and outlining their role/expectations. The mentor should also comment on the applicant's potential for a career as a physician-scientist.
- **Research Plan** – Limited to 5 pages, Arial font, at least 11 pt, 1-inch margins, single-spaced acceptable. Must contain:
    - Background/Rationale/Significance
    - Hypothesis

  - Specific Aims
  - Preliminary Data, if available (not required)
  - Experimental Design and Procedures
  - References (*not included in 5-page limit*)
- Biographical sketch (biosketch) – A biosketch is a standardized document used by grant applicants to summarize their qualifications, experience, and relevant contributions. The MRF historically has followed the NIH's biosketch template. In 2026, the NIH implemented a new Biosketch template called the Common Form. More information can be found here. Applicants are encouraged to use this format for the biosketch. A Biosketch is required for the applicant, all mentors, and key personnel.
- Other Support Page – An Other Support page is a document that lists all grants and other funding a researcher is receiving/applying for. Similar to the biosketch above, the MRF historically has followed the NIH's Other Support template. The NIH implemented a new template starting in 2026 for the Other Support page called the Common Form. More information can be found here. Applicants are encouraged to use this format for the Other Support page. The Other Support page must include information about all types of funding including direct costs and percent effort. An Other Support page is required for the applicant, all mentors, and key personnel. Applicants with no other research grants or funding may submit a one page pdf stating that they have no other support.

Step 11: Validate

Click the 'Validate' button here to check for any missing required information or files. All missing required information will be listed on the screen. Please correct any missing information before proceeding to the next step.

Step 12: Signature Page(s)

You may print the signature page(s) after you have completed all the proposal sections. Signatures from the applicant and Signing Official are required.

Step 13: Submit

Submit your application. You will be unable to submit if you have not provided all the required information. We encourage you to submit your application as early as possible so that we can assist you with any issues that may arise. As a reminder, the deadline is **November 13, 2026 at 11:59 PM ET.**

SPECIFIC TOPIC PROPOSALS (STPs):

The identification of scientific topics that address unmet clinical needs in melanoma research were identified through a series of meetings of multidisciplinary experts from the MRF's Scientific Advisory Committee and Breakthrough Consortium Steering Committee. The following categories are the identified unmet needs in melanoma research selected as STPs.

Applications are not required to address these STPs, although those that do might be given extra consideration. However, in all cases, the scientific merit is the most important factor underlying the selection for funding.

Prevention, Early Detection, and Population Science

Screening for melanoma is a potentially important way to reduce melanoma mortality. However, melanoma is relatively uncommon and the ratio of number of screened patients for every melanoma diagnosed is high, without more accurate prediction of the population that should be screened. In addition, melanoma can be difficult to diagnose, lending itself to false positives and negatives during the screening process.

In order to promote early diagnosis and decrease melanoma mortality, better methods of melanoma prevention, diagnosis, and risk stratification are necessary. Options might include targeted education to raise awareness of melanoma risk and prevention efforts focused on reducing thick melanoma incidence, the use of imaging, molecular biomarkers (including germline risks), and novel technologies -including artificial intelligence (AI) - to enhance the sensitivity and specificity of the clinical diagnosis of melanoma and/or minimize the morbidity associated with over biopsy of benign lesions. Use of quality of life and patient-reported outcome studies to quantify the harms associated with population-based melanoma screening is an important adjunct to new research. Additionally, survivorship research is needed to understand and mitigate the long-term impacts of screening, diagnosis, and treatment on patients' quality of life.

Tumor Cell Dormancy and Metastasis

Tumors do not progress in linear patterns but may undergo extensive dormant phases. Clinical Dormancy (the time between removing a primary tumor and relapse, especially at metastatic sites) remains one of the most critical issues surrounding durable responses in patients. The 2 escapes from clinical dormancy by melanoma and other cancer cells are likely responsible for most cancer-related deaths. Several mechanisms for dormancy have been proposed: single cell dormancy, where disseminated cells remain quiescent until triggered to proliferate by changes within the tumor cell or in the microenvironment; pre-angiogenic dormancy, where dormant micro metastases exist as clinically undetectable lesions that eventually grow into metastatic disease in response to angiogenic signaling; and immune-related dormancy where the immune system keeps tumor cell numbers in check. Additionally, it is not known how the preferred tissue tropism of tumor cells affects their dormancy. There is a major lack of understanding of what influences and regulates tumor dormancy, how dormant cells interact with their microenvironment, and most importantly, how they escape dormancy. Basic and translational research is badly needed in this area, which is vastly understudied and underfunded.

Immunotherapy and irAEs

Treatments for melanoma that utilize immunotherapy include drugs that enhance the immune system's ability to recognize and fight cancer, enhance the immunogenicity of the cancer, or provide novel ways of bringing immune cells to the tumor microenvironment. Immunotherapy agents have been used in the metastatic, the neoadjuvant/adjuvant space and increasingly in patients with resistance to frontline checkpoint inhibitor therapy. Cell-based therapies, such as tumor-infiltrating lymphocyte (TIL) therapy and engineered T-cell approaches, are also emerging as promising options for patients with advanced or refractory disease. Identification of biomarkers that can predict response, toxicity, and/or identify mechanisms of resistance and ways to overcome it, will improve the efficacy and safety of immunotherapy.

Advancement of Targeted Therapies Against Melanoma

Studies involving genomic profiles of melanoma patients led to the categorization of different melanoma subtypes (e.g. BRAF-mutant, NRAS-mutant, etc.), each with potential therapeutic targets. The past decade has seen multiple FDA approvals for targeted therapies for use in patients with BRAF-mutant melanoma; however, most patients do not achieve a durable response with these agents. Further, research in other cancer types has shown the ability to target KRAS with therapeutic benefit, some of which may be applicable to targeting NRAS-mutant disease. Further elucidation of the DNA sequence and RNA expression profiles of melanomas will hopefully provide future insights into targeting these and other driver mutations. In addition, understanding the mechanisms of response/ resistance to existing agents may lead to the development of impactful combination treatment regimens.

Rare Melanoma Tumors

Melanoma is now recognized as a heterogeneous disease encompassing many molecular subtypes. Identifying mechanisms underlying the development of more rare subsets of melanoma (e.g., mucosal, acral, ocular, and pediatric melanoma) is expected to drive translational studies and clinical evaluations.

Visit www.melanoma.org for additional information on the MRF and to learn more about previously funded research. All questions or concerns regarding the MRF's Research Grant Program can be directed to research@melanoma.org.