

# Apply to be an iCURE Scholar

Thank you for your interest in the iCURE program!

## iCURE Eligibility

iCURE scholars must be a citizen or non-citizen national of the United States or an individual who has been lawfully admitted for permanent residence in the United States.

Select the career level below that you are applying for.

Postdoctoral fellows must have acquired a PhD, MD, or other equivalent degree by the proposed iCURE start time and should have completed no more than five years of relevant research experience since receipt of the most recent doctoral degree.

iCURE postdoctoral fellows research experience awards will be for three years.

**OMB No.: 0925-0761**

**Expiration Date: 07/31/2025**

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being asked to complete this form so that we can process your application for the Intramural Continuing Umbrella of Research Experiences (iCURE) program.

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0761). Do not return the completed form to this address.

[Apply](#)

## iCURE Application for Postdoctoral Candidate

An asterisk (\*) indicates that a field is required

First Name *	<input type="text"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text"/>
Email *	<input type="text"/>

**Citizenship \***

☐ US Citizen  
☐ US Non-Citizen National  
☐ US Permanent Resident

*Notes: iCURE scholars must be a citizen or non-citizen national of the United States or an individual who has been lawfully admitted for permanent residence in the United States.*

*Non-citizen national describes individuals that are native to an American territorial possession and have been lawfully admitted for permanent residence in the United States. Please refer to the US [Department of State](#) for additional clarification.*

**Gender**

What sex were you assigned at birth on your original birth certificate? \*

☐ Male  
☐ Female  
☐ Refused  
☐ Don't know

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Do you currently describe yourself as male, female or transgender? \*

☐ Male  
☐ Female  
☐ Transgender  
☐ None of these

**Race\***

*Check all that apply*

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ I prefer not to answer

*Note: iCURE strongly encourages applications from underrepresented students and scientists. This information will not be used to determine your eligibility for an iCURE award.*

**Ethnicity** \*

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ I prefer not to answer

**Demographics** ☒ Disability

*Check all that apply* ☐ Disadvantaged Background (See Notice of NIH's Interest in Diversity, [NOT-OD-20-031](#))

Disability Status	Yes	No
Are you deaf or do you have serious difficulty hearing? *	<input type="radio"/>	<input type="radio"/>
Are you blind or do you have serious difficulty seeing, even when wearing glasses? *	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? *	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs? *	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing? *	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? *	<input type="radio"/>	<input type="radio"/>

Immediate Career Goals *	
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**Long-term Career Goals \***

Currently supported by NCI IRP funding? <sup>\*</sup>

**Please provide details about current NCI IRP funding support**

**Start Date of the Support \***  

**End Date of the Support \***  

**Reason(s) for the end of support \***

Currently supported by other NIH IRP funding? <sup>\*</sup>

Please provide details about other current NIH IRP funding support

Start Date of the Support \*

mm/dd/yyyy

End Date of the Support \*

mm/dd/yyyy

Reason(s) for the end of support \*

Current / Most Recent  
Institution Name \*

Current / Most Recent Institution State <sup>\*</sup>

**Estimated Graduation**  
**Date \***

Area(s) of Research Interest \*

GPA - Graduate \*

**Additional Information \***

Please provide any additional information that you feel is relevant for reviewers to know

How did you hear about the program? \*

**Requested Investigator**  
*Optional*

If you're interested in a specific NCI Intramural Research Program (IRP) group, please provide the IRP Investigator's name

✓ Application Details have been saved

# Upload CV and Transcript

## iCURE Application for Postdoctoral Candidate

Curriculum Vitae (CV): include your academic history and research experience as well as any publications, grant applications/awards, honors, professional experience, including any service on scientific and/or peer review boards or sessions

Transcript: A copy of your most recent transcript is required.

You've uploaded your CV and Transcript. You can replace your CV or upload additional transcripts, or you can proceed to the next step.

### CV Document

- Delete CV
- Replace CV
- View CV

Sample Transcript

A transcript is the final document listing the courses, grades, and final average as well as other permanent student record requirements set forth in Section 12b.1(1)(c) of Connecticut's Regulations. Important information for future employment or continuing education is contained on the transcript. A final transcript is expected to be maintained in the student's academic file. A final transcript is critical for student assistance when a school closes.

SCHOOL NAME  
SCHOOL LOCATION  
Transcript of Study  
Last Four Digits of Social Security No. XXX-XX-XXXX

Student Name  
Student Address  
Student Phone  
Date of Birth  
Program  
Start Date  
Graduation Date

Course	Hours	Section	Final Test Score	Final Grade	Completion Date

GPA  
Last Date of Attendance  
Graduated Withdrew Terminated  
Certificate of Completion issued on  
Director's/Registrar's Signature  
Date

### Transcript Document

- Delete Transcript
- Replace Transcript
- View Transcript

Sample Transcript

A transcript is the final document listing the courses, grades, and final average as well as other permanent student record requirements set forth in Section 12b.1(1)(c) of Connecticut's Regulations. Important information for future employment or continuing education is contained on the transcript. A final transcript is expected to be maintained in the student's academic file. A final transcript is critical for student assistance when a school closes.

SCHOOL NAME  
SCHOOL LOCATION  
Transcript of Study  
Last Four Digits of Social Security No. XXX-XX-XXXX

Student Name  
Student Address  
Student Phone  
Date of Birth  
Program  
Start Date  
Graduation Date

Course	Hours	Section	Final Test Score	Final Grade	Completion Date

GPA  
Last Date of Attendance  
Graduated Withdrew Terminated  
Certificate of Completion issued on  
Director's/Registrar's Signature  
Date

Upload an Additional Transcript



✓ CV and Transcript files have been uploaded successfully

## Add References

### iCURE Application for Postdoctoral Candidate

Please provide reference names, titles, institutions, addresses, and email and phone contact information.

An asterisk (\*) indicates that a field is required.

Reference 1

Prefix \*

Select one ...

First Name \*

Last Name \*

Title \*

Institution \*

Email \*

Phone \*

Address \*

Reference 2

Prefix \*

Select one ...

First Name \*

Last Name \*

Title \*

Institution \*

Email \*

Phone \*

Address \*

Reference 3

Prefix \*

Select one ...

First Name \*

Last Name \*

Title \*

Institution \*

Email \*

Phone \*

Address \*

« Back to the Previous Step

Next Step »



Save Only



# Confirm Application

## iCURE Application for Postdoctoral Candidate

Please review the information that you've entered. If the application is complete, click the Submit Application button to send the application to NCI iCURE staff.

IMS ID					
First Name					
Middle Name					
Last Name					
Email					
Citizenship					
Gender					
Race					
Ethnicity					
Demographics					
Disability Status					
Immediate Career Goals					
Long-term Career Goals					
Currently supported by NCI IRP funding?	<table><tr><td>Dates of the Support</td><td></td></tr><tr><td>Reason(s) for the end of support</td><td></td></tr></table>	Dates of the Support		Reason(s) for the end of support	
Dates of the Support					
Reason(s) for the end of support					
Currently supported by other NIH IRP funding?	<table><tr><td>Dates of the Support</td><td></td></tr><tr><td>Reason(s) for the end of support</td><td></td></tr></table>	Dates of the Support		Reason(s) for the end of support	
Dates of the Support					
Reason(s) for the end of support					
Current / Most Recent Institution Name					
Current / Most Recent Institution State					
Estimated Graduation Date					
Area(s) of Research Interest					
GPA - Graduate					
Additional Information					
How did you hear about the program?					
Requested Investigator					
CV File	 <a href="#">View CV</a>				
Transcript File	 <a href="#">View Transcript</a>				

### Reference 1

Name		Address	
Title		Institution	
Email		Phone	

### Reference 2

Name		Address	
Title		Institution	
Email		Phone	

### Reference 3

Name		Address	
Title		Institution	
Email		Phone	

## IMS Dashboard

Hi Auguste, thanks for your interest in the NCI iCURE program.

**The Fiscal Year 2022 application period is open.** Current applicants should expect to be informed of their status based on the timeline below. The target start date will be September 1, 2022.



Current status of your application: Submitted

[Update your application](#)[Download your application](#)[Delete your application](#)