

From: [iCURE@nih.gov](mailto:iCURE@nih.gov)

Subject: Letter of Reference Request for **iCURE Applicant Name**

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 30 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.

Dear [Reference Name]:

**iCURE Applicant Name** has applied to the NCI Intramural Continuing Umbrella of Research Experiences (iCURE) program and named you as a reference.

Would you please provide a written letter of recommendation? In your letter, please include:

- Applicant's full name in bold
- Comments on the applicant's motivation, commitment, and qualifications toward scientific research
- Comments on the applicant's potential contribution to enhancing the diversity in the biomedical and cancer research workforce
- An assessment of the applicant's strengths and weaknesses, and whether you feel the applicant would be a good fit for the NCI intramural research environment
- If applicable, any additional circumstances or events with an impact on the applicant's life, career, or scientific progress that you feel are relevant to this application
- If the applicant is a student currently enrolled in a degree program, confirmation of the type of degree program (e.g., BS, PhD, MD) and expected date of graduation

Please submit by email your letter of recommendation as a PDF document by **[Date]** to [iCURE@nih.gov](mailto:iCURE@nih.gov), addressed to:

Jessica Calzola, PhD, Program Director  
Intramural Continuing Umbrella of Research Experiences (iCURE)  
Center to Reduce Cancer Health Disparities (CRCHD)  
National Cancer Institute Shady Grove Campus  
9609 Medical Center Drive  
Rockville, MD 20850

Additional information about the iCURE program is available at <https://www.cancer.gov/about-nci/organization/crchd/diversity-training/icure>. You are also welcome to contact us with any questions about this request or the iCURE program. We look forward to your letter.

Best regards,

Jessica Calzola, PhD  
iCURE Program Director