Screen Shots for Contributors

Contributors respond to requests for supplements, such as letters of reference or assurance.

Letter of Reference

Request for Letter of Reference

You have been asked to provide a letter of reference for **Elaine Crawford** to the Cancer Research Postbac Program (CRP). You were chosen as a referee because of your knowledge of the scientific accomplishments, motivation, and skill of this applicant. **Please upload your letter on or before 11:59 PM EDT on May 24, 2025.**

Please provide a letter of reference that is:

- · a current and original letter
- typewritten on official letterhead
- written in English
- signed
- · saved as a PDF document
- * Indicates required field

Letter of Reference*	
Upload a file:	
Choose File No file chosen	
Please upload your letter as a PDF file.	
Please provide your name and email address. In doing so	so, you attest that you are the one uploading the letter of reference for Elaine Crawford.
Your E-Mail Address*	

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 instrument so that we can evaluate the effectiveness of it.

Public reporting burden for this collection of information is estimated at 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.



Letter of Assurance

Request for Letter of Assurance

You have been asked to provide a letter of assurance for **Kim Bradley** to the Cancer Prevention Fellowship Program (CPFP). This letter should assure that Kim Bradley will complete all degree requirements before the start of the CPFP in September 2025. **Please upload your letter on or before 11:59 PM EDT on May 24, 2025.**

Please provide a letter of assurance that is:

- a current and original letter
- typewritten on official letterhead
- written in English
- signed
- saved as a PDF document
- * Indicates required field

Letter of Assurance*	
Upload a file:	
Choose File No file chosen	
Please upload your letter as a PDF file.	
Please provide your name and email address. In doing so, you attest that you Your Full Name*	are the one uploading the letter of assurance for Kim Bradley.
Your E-Mail Address*	

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 instrument so that we can evaluate the effectiveness of it.

Public reporting burden for this collection of information is estimated at 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.