Melanoma Research Alliance

Young Investigator Applicant Eligibility Checklist

All Young Investigator applicants must have their eligibility confirmed prior to submitting an application. Applicants must upload the Applicant Eligibility Checklist and their biosketch in Proposal Central by **September 14, 2026.**

Applicant Name: _____ Position Title: _____

Title of Project: _____

YES	NO	*Please answer the following:*
		1. Does the applicant currently hold the title of Assistant Professor or a title that is considered by the institution to be a full-time, independent faculty-level position?

*If **answer to question 1** is 'NO', please answer questions 2-3:*		
		2. Will the applicant hold by June 1, 2027, the title of Assistant Professor or a title that is considered by the institution to be a full-time, independent faculty-level position? ***If the applicant does not hold a title of "professor" but believes the position is eligible as a Young Investigator, please contact science@curemelanoma.org to confirm.*
		3. Is the applicant able to apply for research grants as an independent Principal Investigator?

*****NOTE: You must answer "YES" to either question 1, OR questions 2 & 3, to be considered eligible.***

***All applicants** please answer questions 4-5*		
		4. Has the applicant held this, or any other full-time, independent faculty position, at any institution, prior to November 5, 2021?
		5. Does the applicant currently have, or will have by June 1, 2027, defined laboratory space that the applicant controls independent from other staff? *** If the applicant conducts research that does not require laboratory space (eg, computational research), please answer "yes" if the applicant runs an independent research program and "no" if they do not.*

*If the **answer to question 5** is 'NO', please answer question 6:*		
		6. Will the applicant be permitted independent laboratory space, for the duration of the proposed project, by another individual? Please provide the Name, Title, and Department of the head of the laboratory where the applicant will be conducting their project: _____ (Name, Title, Department) **The above-mentioned individual is required to sign below*

*****NOTE: You must answer "NO" to question 4 to be considered eligible. And you must either answer "YES" to question 5, OR answer "NO" and provide a name in question 6 to be considered eligible.***

Applicant:

Signature: _____
Print Name: _____
Date: _____

Head of Laboratory where Applicant will be conducting project *(if applicable)*:
Signature: _____
Print Name: _____
Title: _____
Date: _____

Department Chair, Division Head, or Dean:

Signature: _____
Print Name: _____
Title: _____
Date: _____