RESEARCH **·** SKIN CANCER FOUNDATION **·** GRANTS

The Skin Cancer Foundation Research Grants Guidebook for Applicants

Thank you for your interest in applying for a research grant from The Skin Cancer Foundation. For more than 40 years, our program has been helping early career investigators launch studies on the prevention, detection or treatment of skin cancer. This guide will help you navigate and learn what to expect throughout the application process.

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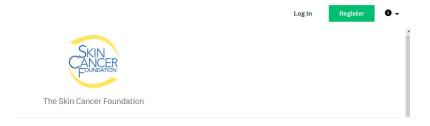
Key Dates to Note

- The application submission period runs from **May 5, 2025**, through **11:59pm EDT July 13, 2025**.

- Awardees will be notified in September 2025.

- The research grant awards period is for one year, from September 2025 to August 2026.

- A final report documenting research progress and use of funds is due at the conclusion of the award.
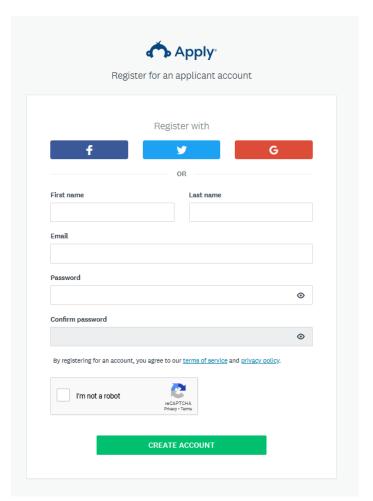
Register with SurveyMonkey Apply

If you're not already registered, please follow the steps below.

Step 1: Visit Research.SkinCancer.org

Step 2: Click on **Register** in the upper right corner

Step 3: Complete the form

Eligibility

- Only applications submitted via our SurveyMonkey Apply online system at Research.skincancer.org will be accepted.

- The research must be conducted by dermatology residents, fellows or investigators within 10 years of their first academic appointment. An MD or PhD doctorate is required.

- Applications must be conducted in collaboration with or under the supervision of the dermatology departments of medical or academic institutions within the United States.

- The scope of work must be relevant to skin cancer. Preference is given to projects that address improved methods of prevention, detection or treatment of skin cancers.

- Research projects that have already received funding from other sources are eligible to apply.

- Previous recipients of a Skin Cancer Foundation research grant are eligible to apply with a new project (applicant eligibility rules still apply).

Application Instructions

Complete all questions and file a request to submit an application.

- Click the "SAVE & CONTINUE EDITING" button at the bottom of the page at any time to save your application. Your application will be saved and can be resumed until submitted.

- Click the green "NEXT" button to advance. Alerts for incomplete or improperly answered fields will be shown in red. These fields must be filled in or corrected before you can move forward with the process. Any incomplete applications will be removed from the system after the application period closes.

- Upon completion, click the "SUBMIT" button to submit your application for consideration.

- Once submitted, you can no longer edit your application.

On the following pages, you'll find a preview of the application so you can anticipate the questions and prepare your answers before starting the application process.

Application – Page 1

Is this project being conducted at a medical or academic institution within the United States?

- ● Yes
- ○ No

Clear

What is your current professional status?

- ○ Dermatology resident
- ○ Fellow
- ○ Investigator within 10 years of first academic appointment
- ○ None of the above

Is your project primarily relevant to skin cancer?

- ○ Yes
- ○ No

Clear

Is this application for a project dermatologic in focus and either being conducted under the supervision of or in collaboration with the dermatology department of a medical or academic institution?

- ○ Yes
- ○ No

Clear

SAVE & CONTINUE EDITING   NEXT

Application – Page 2

Principal Investigator Details and Contact Information

First name

Last name

Degrees

Professional Title

Home mailing address

City

State

Zip Code

Phone (###-###-####)
(best number to reach you at)

Alternate email
(An email address where you can be reached if your primary email address changes)

Upload Principal Investigator Biosketch
(Word document or PDF)

⬆ Upload a file   **Accepted formats:** .pdf,.doc,.docx

PREVIOUS   SAVE & CONTINUE EDITING   NEXT

Application – Page 3

Project Institution Details

Name of institution where the project will be conducted

Department/Division under which project will be conducted

Institution mailing address

City

State

Zip Code

Department chairperson & title

Name of responsible administrator

(Supervisor/administrator of principal investigator or project)

Title of responsible administrator

Contact phone number for responsible administrator

Contact email address for responsible administrator

PREVIOUS   SAVE & CONTINUE EDITING   NEXT

Application – Page 4

Project Details

Title of research project

Research

Brief summary of project

(50 words or less)

I will be doing research

This value must be between 1 and 50 words.

Project initiation date	**Anticipated completion date**
8/2023	4/2024

Upload a document detailing the following project information (no more than five pages excluding references and biosketches)

1. Purpose and/or objectives

2. Current status of work in this area

3. Methods or procedures to be adopted

4. Facilities available (including equipment)

5. List of personnel who will conduct this project

6. Biosketches of other professional staff who will conduct this project

Attach files below (multiple files allowed)

⬆ Upload a file

Upload a Letter of Support

A letter of support from the Dermatology Department Chair or Division Head endorsing that the proposed project will be conducted under the supervision of, or in collaboration with, the dermatology department/division which they lead.

⬆ Upload a file

PREVIOUS SAVE & CONTINUE EDITING NEXT

Application – Page 5 (part 1)

Financing (Funding will be for a maximum of one year)

Funding is based on the scope of the research project. It is the Foundation's policy not to fund overhead or indirect costs.

Grant amount being applied for

○ $25,000

○ $50,000

List other sources and amounts of support for this project already received or committed

[text area]

Are you applying to other grantors for funding for this project?

○ Yes

● No

Clear

Please Note: Receiving additional sources of funding does not increase or decrease consideration for a Skin Cancer Foundation Research Grant.

Project Budget

Budget should include anticipated personnel, equipment and supply expenses for one year.

Click here to download a .xls budget template

(Please complete and upload a budget spreadsheet as well as this form. Use the budget spreadsheet if you require additional lines.)

A. Personnel Costs

Row	Personnel name & title	% of time allotted to project	Salary (numbers only - commas and spaces not accepted)
1 (required)			
2			
3			

Total personnel cost

$ 0

Application – Page 5 (part 2)

B. Equipment

Row	Item	Cost (numbers only - commas and spaces not accepted)
1 (required)		
2		
3		

Total equipment cost

$ [0]

C. Supplies

Row	Item	Cost
1 (required)		
2		
3		

Total supplies cost

$ [0]

Total expenses (personnel + equipment + supplies)

$ [0]

Submit a project budget spreadsheet

⬆ Upload a file   Accepted formats: .xls,.xlsx,.csv

☐ To my knowledge, the information contained in this application is true.

Type name of principal investigator

[   ]

Date

[Apr 21 2023]

PREVIOUS   SAVE & CONTINUE EDITING   MARK AS COMPLETE

Frequently Asked Questions

Q: Can candidates from countries outside of the United States (for example, the United Kingdom) apply?
A: It depends. While the applicant may be a citizen of a country outside the U.S., the research project applying for a grant must be conducted in, in collaboration with or under the supervision of the dermatology departments of medical or academic institutions within the U.S.

Q: My research project involves new novel approaches to skin cancer outside of traditional trajectories. Am I eligible for a research grant from your Foundation?
A: Only applications for research projects relevant to skin cancer will be accepted for consideration. Preference is given to projects that address, at the clinical and basic science levels, improved methods of prevention, detection or treatment of skin cancers. If you're still uncertain whether your project is eligible, send an email to research@skincancer.org with a description of your project.

Q: I work alongside investigators at my institution to help them identify opportunities for foundation funding. Are collaborators allowed to view or contribute to applications?
A: Collaborators are welcome to assist applicants in preparing and submitting applications.

Q: Do you require a letter of intent (LOI)?
A: No. Only a completed application is required.

Q: Are letters of support (LOS) required?
A: Letters of support are optional and are accepted

Q: Is a postdoctoral eligible to apply?
A: Research must be conducted by dermatology residents, fellows or investigators within 10 years of their first academic appointment.

Q: Can a grant proposal include overhead or indirect costs?
A: It is the Foundation's policy not to fund overhead or indirect costs.

Q: Can I apply for a Skin Cancer Foundation grant even if I apply for or receive support from other grantors as well?
A: Receiving additional sources of funding does not increase or decrease consideration for a Skin Cancer Foundation Research Grant.

Q: Can previous awardees of Skin Cancer Foundation Research Grants apply for a new grant?
A: Yes, if the applicant meets all requirements.

Don't see your question here, please email research@skincancer.org for help.