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| Tribal Researchers’ Cancer Control Fellowship Program  2019 Application | X:\SPH\Becker Grants\Tribal Researchers Cancer Control Fellowship\Marketing and Advertising\Logos and Images\Fish_SI\OFF_Fish_Logo.jpg |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | First |  | | | | | | M.I. | | | Date |  |
| Street Address | | | |  | | | | | | | | | | | | Apartment/Unit # | | | |  |
| City | |  | | | | | | | State |  | | | | | | ZIP | |  | | |
| Phone | |  | | | | | | | E-mail Address | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | |
| Undergraduate Institution(s) | | | | | | Degree(s) | | | | | | | | Degree Date(s) | | | | | | |
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| Graduate Institution(s) | | | | | |  | | | | | | | |  | | | | | | |
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| Tribal Enrollment | | | | | | | | | | | | | | | | | | | | |
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| Previous Professional Position(s) | | | | | | | | | | | | | | | | | | | | |
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| 2. | | | | | | | | | | | | | | | | | | | | |
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| Current Professional PositioN | | | | | | | | | | | | | | | | | | | | |
| Title | | | | |  | | | | | | | | | | | | | | | |
| Organization | | | | |  | | | | | | | | | | | | | | | |
| Street Address | | | | |  | | | | | | | | | | | | | | | |
| City |  | | | | | | State |  | | | | | | | ZIP | |  | | | |
| Phone |  | | | | | | | | | | E-mail | |  | | | | | | | |

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| Please describe in brief your current job responsibilities |
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| if a fellowship in cancer control research is offered to you, how will you be able to apply this new knowledge to your community and current position? (150 word minumum) |
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| Please include the following with your application |
| * A copy of your CV or resume * A copy of your Certificate of Indian Blood or Tribal ID * A letter of support from the community or organization with which you plan to work in cancer control activities * A brief letter from your employer ensuring that you will have three weeks available to attend training in Portland, OR * A personal statement with a focus on cancer (350 word minimum) |

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| Please return this form and all other application materials by March 22, 2019 to: |
| Ashley Thomas Northwest Portland Area Indian Health Board  2121 SW Broadway, Suite 300 Portland, OR 97201  Phone: (503) 416-3285 E-mail: athomas@npaihb.org |