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| Tribal Researchers’ CancerControl Fellowship Program2019 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) |
| 1.  |
| 2.  |
| 3.  |
|  |
| 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 ThomasNorthwest Portland Area Indian Health Board2121 SW Broadway, Suite 300Portland, OR 97201Phone: (503) 416-3285 E-mail: athomas@npaihb.org |