

TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

2018 Application



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)			
Graduate Institution(s)						
TRIBAL AFFILIATION(S)						
PREVIOUS PROFESSIONAL POSITION(S)						
1.						
2.						
3.						
CURRENT PROFESSIONAL POSITION						
Title						
Organization						
Address						
City			State		Zip	
Phone			E-mail			

PLEASE DESCRIBE IN BRIEF YOUR CURRENT JOB RESPONSIBILITIES

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?

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- A copy of your CV or resume
- A letter of support from the community or organization with whom 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 that you are able to complete the three-week training

PLEASE RETURN THIS FORM AND ALL OTHER APPLICATION MATERIALS BY MARCH 23, 2018 TO:

Ashley Thomas
Oregon Health & Science University-Portland State University
School of Public Health
3181 SW Sam Jackson Park Road, CSB 648
Portland, OR 97239

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