

Tribal Researchers’ Cancer Control Fellowship Program

2023 Application

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| Applicant Information |
| Last Name | Click or tap here to enter text. | First | Click or tap here to enter text. | Date | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. | Apartment/Unit # | Click or tap here to enter text. |
| City | Click or tap here to enter text. | State | Click or tap here to enter text. | ZIP | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | E-mail Address | Click or tap here to enter text. |
|  |
| Education |
| Undergraduate Institution(s) | Degree(s) | Degree Date(s) |
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| Graduate Institution(s) |  |  |
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|  |
| Tribal Affiliation  |
| Click or tap here to enter text. |
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| Previous Professional Position(s) |
| 1. Click or tap here to enter text. |
| 2. Click or tap here to enter text. |
| 3. Click or tap here to enter text. |
| Current Professional PositioN |
| Title | Click or tap here to enter text. |
| Organization | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City | Click or tap here to enter text. | State | Click or tap here to enter text. | ZIP | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | E-mail | Click or tap here to enter text. |
| Please briefly describe your current work responsibilities  |
| Click or tap here to enter text. |
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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) |
| Click or tap here to enter text. |
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| Please include the following with your application |
| * A personal statement with a focus on cancer (1 page)
* A copy of your CV or resume
* A copy of your Certificate of Indian Blood or Tribal ID (We recognize not all Tribes have this document)
* 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 time available to attend

**The 2023 training will be held virtually. We will meet via zoom for two weeks in the summer (June 5-16, 2023) and schedule the follow-up sessions according to participants availability. In past years, 2-hour follow-up sessions were offered once every three weeks between August and May.** |
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| Please return this form and all other application materials via e-mail by April 20, 2023 to: |
| Ashley ThomasE-mail: athomas@npaihb.orgNorthwest Portland Area Indian Health Board2121 SW Broadway, Suite 300Portland, OR 97201Phone: (503) 416-3293Website: <https://www.npaihb.org/northwest-native-american-research-center-for-health-nw-narch/>  |

