

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. | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | |
| Undergraduate Institution(s) | | | | | | Degree(s) | | | | | | | | Degree Date(s) | | | | | | |
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| Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | |
| Graduate Institution(s) | | | | | |  | | | | | | | |  | | | | | | |
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| Tribal Affiliation | | | | | | | | | | | | | | | | | | | | |
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| Previous Professional Position(s) | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | |
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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 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 Thomas E-mail: [athomas@npaihb.org](mailto:athomas@npaihb.org) Northwest Portland Area Indian Health Board 2121 SW Broadway, Suite 300 Portland, OR 97201 Phone: (503) 416-3293  Website: <https://www.npaihb.org/northwest-native-american-research-center-for-health-nw-narch/> |

