



Tribal Researchers' Cancer Control Fellowship Program

2026 Application

APPLICANT INFORMATION					
Last Name		First		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					
PREVIOUS PROFESSIONAL POSITION(S)					
1.					
2.					
3.					
CURRENT PROFESSIONAL POSITION					
Title					

Organization					
Street Address					
City		State		ZIP	
Phone			E-mail		
PLEASE BRIEFLY DESCRIBE YOUR CURRENT WORK 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? (150 WORD MINIMUM)

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 2026 training will be held in person. We will meet in Portland, OR for two weeks in the summer (June 8-19, 2026). A one week follow up session will be held in the fall. Dates will be determined by participant availability.

PLEASE RETURN THIS FORM AND ALL OTHER APPLICATION MATERIALS VIA E-MAIL BY MARCH 20, 2026 TO:

Ashley Thomas
E-mail: athomas@npaihb.org
Northwest Portland Area Indian Health Board
920 NW 17th Ave
Portland, OR 97209

