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| Tribal Researchers’ CancerControl Fellowship Program2018 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 | Click here to enter text. | First | Click here to enter text. | M.I. Click here to enter text. | Date | Click here to enter text. |
| Street Address | Click here to enter text. | Apartment/Unit # | Click here to enter text. |
| City | Click here to enter text. | State | Click here to enter text. | ZIP | Click here to enter text. |
| Phone | Click here to enter text. | E-mail Address | Click here to enter text. |
|  |
| Education |
| Undergraduate Institution(s) | Degree(s) | Degree Date(s) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Graduate Institution(s) |  |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |
| Tribal Affiliation(s) |
| Click here to enter text. |
| Click here to enter text. |
| Previous Professional Position(s) |
| 1. Click here to enter text. |
| 2. Click here to enter text. |
| 3. Click here to enter text. |
|  |
| Current Professional PositioN |
| Title | Click here to enter text. |
| Organization | Click here to enter text. |
| Address | Click here to enter text. |
| City | Click here to enter text. | State | Click here to enter text. | Zip | Click here to enter text. |
| Phone | Click here to enter text. | E-mail | Click here to enter text. |

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| Please describe in brief your current job responsibilities |
| Click 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? |
| Click here to enter text. |
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| 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
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| Please return this form and all other application materials by March 23, 2018 to: |
| Ashley ThomasOregon Health & Science University-Portland State UniversitySchool of Public Health3181 SW Sam Jackson Park Road, CSB 648Portland, OR 97239Phone: (503) 494-2907 Fax: (503) 494-7536 E-mail: thomaas@ohsu.edu |