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| Tribal Researchers’ Cancer Control Fellowship Program  2018 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. | | | | | | | | |
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| Education | | | | | | | | | | | | | | | | | | | | |
| Undergraduate Institution(s) | | | | | | Degree(s) | | | | | | | | Degree Date(s) | | | | | | |
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| Graduate Institution(s) | | | | | |  | | | | | | | |  | | | | | | |
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| Tribal Affiliation(s) | | | | | | | | | | | | | | | | | | | | |
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| Previous Professional Position(s) | | | | | | | | | | | | | | | | | | | | |
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| 2. Click here to enter text. | | | | | | | | | | | | | | | | | | | | |
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| 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 Thomas Oregon Health & Science University-Portland State University School of Public Health 3181 SW Sam Jackson Park Road, CSB 648 Portland, OR 97239  Phone: (503) 494-2907 Fax: (503) 494-7536 E-mail: thomaas@ohsu.edu |