

**TRIBAL RESEARCHERS' CANCER
CONTROL FELLOWSHIP
PROGRAM**
2020 Application



APPLICANT INFORMATION						
Last Name		First		M.I.	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 ENROLLMENT						
PREVIOUS PROFESSIONAL POSITION(S)						
1.						
2.						
3.						
CURRENT PROFESSIONAL POSITION						
Title						
Organization						
Street Address						
City			State		ZIP	
Phone			E-mail			

PLEASE DESCRIBE IN BRIEF YOUR CURRENT JOB 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 copy of your CV or resume
- A copy of your Certificate of Indian Blood or Tribal ID
- 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 three weeks available to attend training in Portland, OR
- A personal statement with a focus on cancer (350 word minimum)

PLEASE RETURN THIS FORM AND ALL OTHER APPLICATION MATERIALS BY MARCH 13, 2020 TO:

Ashley Thomas
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Phone: (503) 416-3285 E-mail: athomas@npaihb.org