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| Tribal Researchers’ CancerControl Fellowship Program2020 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 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. |
|  |
| 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) |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Tribal Enrollment |
| Click or tap here to enter text. |
|  |
| Previous Professional Position(s) |
| 1. Click or tap here to enter text. |
| 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. |

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| Please describe in brief your current job responsibilities  |
| Click or tap 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? (150 word minumum) |
| Click or tap here to enter text. |
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| 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)
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| Please return this form and all other application materials by March 13, 2020 to: |
| Ashley ThomasNorthwest Portland Area Indian Health Board2121 SW Broadway, Suite 300Portland, OR 97201Phone: (503) 416-3293 E-mail: athomas@npaihb.org |