

# TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

2019 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 22, 2019 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

