## TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM



2019 Application

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Last Nam	ast Name			First	First			M	1.1.		Date					
Street Address							A	Apartment/Unit #								
City			State					IP								
Phone			E-mail /	E-mail Address												
EDUCA	TION															
Undergraduate Institution(s) Degr			egree(s)	ee(s)				Degree Date(s)								
Graduate	Institution(	s)														
TRIBAL	ENROLL	MENT														
PREVIO	PREVIOUS PROFESSIONAL POSITION(S)															
1.																
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CURRE	NT PROF	ESSIONA	L POSITION	N												
Title																
Organiza	tion															
Street Ac	Idress															
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 MINUMUM)
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PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- 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