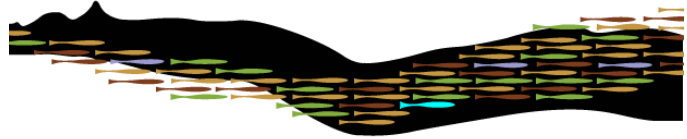


**TRIBAL RESEARCHERS' CANCER  
CONTROL FELLOWSHIP  
PROGRAM**  
2021 Application



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 BRIEFLY DESCRIBE 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 personal statement with a focus on cancer (350 word minimum)
- 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

Given the uncertainty of the COVID-19 pandemic, we do not yet know if the training will be offered in-person or virtually. In past years we offered three weeks of in-person training in Portland, OR. This year we offered two weeks of training virtually and short courses via Zoom every three weeks. We are prepared for either situation. Does that pose a problem for you?

Yes   
No

**PLEASE RETURN THIS FORM AND ALL OTHER APPLICATION MATERIALS VIA E-MAIL BY April 5, 2021 TO:**

Ashley Thomas  
E-mail: [athomas@npaihb.org](mailto:athomas@npaihb.org)

Northwest Portland Area Indian Health Board  
2121 SW Broadway, Suite 300  
Portland, OR 97201  
Phone: (503) 416-3285