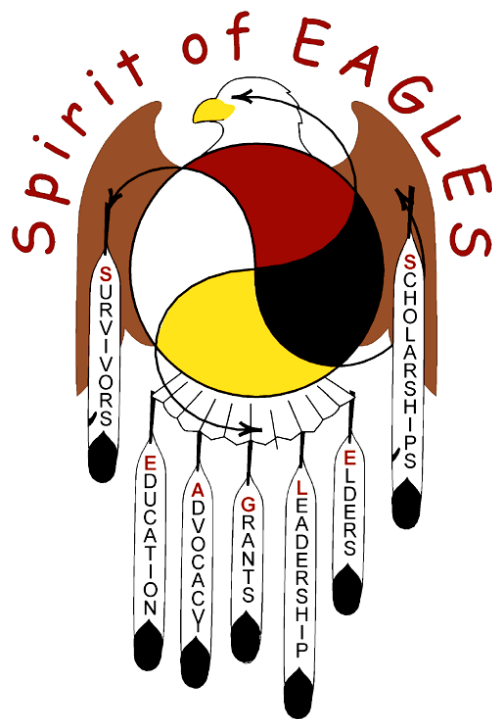


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# Spirit of EAGLES

*American Indian/Alaska Native Leadership  
Initiative on Cancer*

## Student Applications



### *A Funding Source for:*

*Undergraduate, Post Baccalaureate, Graduate, and  
Medical School/Medical Preparatory*

*Conference Assistance*

*Journal Publication Assistance*

*Medical School Application Assistance*

## **Spirit of EAGLES**

### *American Indian/Alaska Native Leadership Initiative on Cancer*

American Indian and Alaska Native (AI/AN) populations have very high incidence rates for specific cancer sites and poor survival rates for most cancers. This AI/AN Leadership Initiative on Cancer addresses comprehensive tribal cancer control through partnerships with The Network for Cancer Control Research among AI/AN populations, tribes, multiple cancer centers, Cancer Information Services (CIS), and the American Cancer Society (ACS). This Initiative will assist tribes 1) to increase community awareness and understanding of cancer, 2) to provide training in cancer control research for AI/AN researchers, and 3) to improve native community channels to the National Cancer Institute (NCI) so that research can be specifically focused on issues that affect Native people.

## **The Hampton Scholars Program**

The Spirit of Eagles has committed to quality comprehensive cancer control training for community level leaders and providers as well as academic institution based junior investigators. The national scope of our CNP demands that we facilitate the mentoring of the next generation of Native researchers across the country and also engage researchers with a commitment to conduct community based participatory research (CBPFI) in true partnership with American Indian and Alaska Native communities. Our Hampton Scholars program, begun in our original Special Populations Network and continued with our CNP1 proposal has developed undergraduate, graduate and medical students to increase their awareness of cancer issues in AIAN communities and to consider cancer research careers.

\$500 max per student per year\*. (Grant year is September 1 through August 30<sup>th</sup> of each year)

## **The Hampton Faculty Fellows Program**

Our Native academic researchers are dispersed across the country in varied academic and clinical practices. We will specifically initiate the Hampton Faculty Fellows Program to train qualified health disparity researchers (new and early stage investigators) experienced in Community Based Participatory Research (CBPR) in cancer prevention and control and to promote their career development as competitive health disparities researchers. This goal meets the mission of NIH "to acquire new knowledge that will lead to better health by understanding the processes underlying health and disease that in turn will help prevent, detect, diagnose, and treat disease and disability." This application addresses these critical concerns by increasing research capacity through one-on-one mentoring, course training and conducting research projects. To accomplish this, the Mayo Clinic Spirit of EAGLES (SOE) will partner with the Native American Research and Training Center (NARTC), at the University of Arizona, the Northwest Portland Area Indian Health Board and Oregon Health and Science University, the University of Washington CTSA, Clinical and Translational Science Institutes (CTSI) at the Hutchinson Cancer Center in Seattle, the University of Wisconsin in Madison, and the Mayo Clinic Comprehensive Cancer Center. Cohort one is closed, taking new applications for cohort II – September 2013-2015

# Application Guidelines

Answer all of the questions, which apply to you. If not applicable, write N/A.

1. Please include a letter of recommendation from each of the following;

- Academic
- Personal\*
- Professional\*
- Tribal (if applicable) Please attach a copy of your certificate of tribal enrollment.
- Please include a letter telling us how this scholarship will be put to use.
- If Available, Attach a Copy of Your Personal Statement\*

*\*Not necessary if your request for funding is solely for Conference, Publication or Application Fee's.*

2. Send Application To:

Marcy Averill  
Mayo Clinic  
200 1<sup>st</sup> Street SW  
Charlton 6  
Rochester, MN 55905  
Phone: 507-266-3064      Fax: 507-266-2478  
Email: [averill.marcy@mayo.edu](mailto:averill.marcy@mayo.edu)  
<http://www.nativeamericanprograms.org/>

**Please PRINT All Information**

## General Information:

Name: \_\_\_\_\_  
*(Last)* *(First)* *(MI)*

SSN:\* \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*\*Social Security Number is required* *Month/day/year*

Age: \_\_\_\_\_ Sex:  Female  Male

Tribal Affiliation: \_\_\_\_\_

Reservation (if applicable): \_\_\_\_\_

Quantum: \_\_\_\_\_

Best telephone number to reach you at: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Home Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

### College Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City State Zip Code

### College Level:

Year in College: \_\_\_\_\_

Med Prep Program  College Program  Medical School

Area(s) of Interest: \_\_\_\_\_

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Which funding sources are you?

Currently Applying to:

Actively funded by:

**Please tell us how you will use the Hampton Scholarship.**

(Please use the space below and/or include an additional page if necessary. Please limit to two pages.)

**Please include a budget to justify how the scholarship will be used.**

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*Specific scholarship guidelines will be provided to those that apply and receive the full scholarships.*

*Include a copy of other funding agreements and award information you are receiving during the academic year and include the funding/stipends you will receive if you are attending school during the summer months or summer research training. We encourage that you tell us how you plan to demonstrate your results or experience in a public forum, i.e. a conference that serves Native people.*

*Please remember that it is the responsibility of the applicant to remain compliant with all funding sources and to observe the integrity of the Hampton Scholarship.*

**If your request for funding is solely for Conference, Publication or Application Assistance, please proceed to *Additional Assistance*.**



# ADDITIONAL ASSISTANCE REQUESTS:

There is no deadline for Conference or Journal Publication Assistance

**CONFERENCE ASSISTANCE**

When: \_\_\_\_\_

Where: \_\_\_\_\_

Need Funding for:

Travel (amount): \_\_\_\_\_

Lodging (amount): \_\_\_\_\_

Conference Fees (amount): \_\_\_\_\_

Other: \_\_\_\_\_

Total: \_\_\_\_\_

How will you benefit from attending the conference?

**Journal Publication Assistance:**

Number of journals to which you are submitting your paper: \_\_\_\_\_

Names of Journals:

\_\_\_\_\_  
\_\_\_\_\_

Title of your paper: \_\_\_\_\_  
\_\_\_\_\_

Total amount (\$) requested: \_\_\_\_\_

**Medical School Application Assistance:**

Number of Schools to which you are applying: \_\_\_\_\_

Names of the Schools and Cost of application Fee for each:

_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>
_____ <i>School Name</i>	_____ <i>Cost</i>

Total amount (\$) requested: \_\_\_\_\_

Name and address of who we should send the award \$ to:
