**Steering Committee Application**

*Thank you for your interest in serving as a SD Comprehensive Cancer Coalition Steering Committee member!*

Name:

Phone Number:

Email Address:

Organization, if applicable:

Degrees or credentials, if applicable:

1. **Please describe your experience or expertise in reducing the burden of cancer in South Dakota or elsewhere. (Limit your response to 250 words.) The** [**South Dakota Comprehensive Cancer Control State Plan 2015-2020**](http://www.cancersd.com/pdfs/SDOH-2722CancerPlan.pdf) **describes the state's current framework for action.**
2. **Describe ways in which you personally have contributed to or supported the SD Comprehensive Cancer Coalition (such as serving on task forces, committees, implementation grant projects, presenting at or helping plan the SD CCCP Fall Meeting, etc.; limit to 250 words):**
3. **Describe ways in which your organization (if applicable) has contributed to or supported the Coalition. (250 word limit)**
4. **Please provide a brief (no more than 250 words) personal statement describing what you hope to contribute to the Steering Committee, and how you plan to support the SD Comprehensive Cancer Coalition and its priorities during your 3-year term:**
5. **We would like to know how you heard about this position. Please check all of the following options that apply.**

Referred by a current Steering Committee member   
 Referred by another SD Comprehensive Cancer Coalition member   
 Saw a newsletter or email announcement from the coalition   
 Saw a newsletter or email announcement from another organization   
 Other; Please specify:

**Please e-mail your completed application to** [lexi.haux@state.sd.us](mailto:lexi.haux@state.sd.us) **by 5pm Friday, Feb. 29.**