

**THE 2017 CENTER FOR DIVERSITY IN PUBLIC HEALTH LEADERSHIP TRAINING
PROGRAMS ONLINE GUIDLINES**

James A. Ferguson Emerging Infectious Diseases Fellowship Program

Thank you for your interest in the James A. Ferguson Emerging Infectious Diseases Fellowship Program.

THIS IS A SAMPLE APPLICATION PACKET.

IMPORTANT: Please review the instructions before beginning the online application. You **MUST** complete the entire application in one session (2 hours). This form will **NOT** save. The **SAVE** button's only function is to submit the completed application form to the Program office.

Navigate the form (move from field to field) by hitting the tab button—(if you hit the space bar all previously inputted data will be lost in cyberland!!)

At the end of these instructions is the link to the Ferguson Fellowship Online Application. Please note that all applications must be completed using the Center Program's Online Application. Applications submitted **AFTER** the *deadline of January 31, 2017, 11:59PM EST* will automatically be deleted from the database. Please note all applications are automatically dated and time stamped. If applying online poses a hardship, please contact our office during business hours before the closing date for an alternate submission method (443-923-5901).

IMPORTANT: Be prepared to complete the application in one session (2 hours), as you will **NOT** be able to save the form and return to complete later; you will be given the option to **PRINT** the form upon saving. Have all of your documents and information readily available and saved in the final formats. Many of the fields are required.

The below instructions will help you complete the application. Before opening the application link please review the instructions and the **SAMPLE** application at the end of the instructions) in detail.

The Program will not make any changes to submitted applications. Please review your application carefully prior to submitting.

You will need to have the following information and electronic documents saved and accessible on the computer, you will be using, to upload into the application or copy and paste into the application.

Uploaded files should be in the following format and cannot exceed 25 MB (PDF format):

- Resume (PDF format): save file as: smith_joe_resume
- Unofficial Undergraduate Transcript (PDF format): save file as: smith_joe_undertranscript
- Unofficial Graduate Transcript (PDF format): save file as: smith_joe_transcript

Have the following items completed and saved in a word document so you can cut and paste into the online application

1. The five (5) Short Answer Responses (maximum 250 words each response)
2. The Essay Questions #1 and #2 (both required—maximum 500 words each essay)

APPLICATION ACKNOWLEDGEMENT Section:

Please type your full name in the field provided.

- Click **Sign** under the Signature Box.
 - Use your cursor (or if you have a touch screen) sign your name in the box.
 - Click **Done**, located below the signature box, when completed.
- 1) When you complete the application return to the top right column of the application and click **Save Record**; hitting **Save Record** will SUBMIT your application. If you forget to complete a section, hitting the **Save Record** button will notify you what required items are missing in the Record Save Checklist (right column).
 - 2) Saving the Record may take a few seconds. Once completed you will be given the option to **Close or Print**. Please be prepared to print your application or change your print options and print to a PDF.
 - 3) Again, you will NOT be able to save the form AND return to complete later. THE SAVE RECORD BUTTON SUBMITS COMPLETED APPLICATIONS TO THE FERGUSON FELLOWSHIP PROGRAM OFFICE.
 - 4) For your tracking, you will receive the following automatic emails (we recommend you save these emails):
 - A) A confirmation receipt upon submission of your application
 - B) Notification **when** your referee(s) submit a recommendation form to the Ferguson Fellowship Program office.

If you are ready to complete the Ferguson Fellowship Application **PLEASE RIGHT CLICK HERE TO BEGIN** (Right click on the TEXT LINK and select Copy Hyperlink, then **paste URL into one of the following Browsers: FireFox or Google CHROME**).

www.kennedykrieger.org/ferguson-fellowship

**This is NOT the Online Application—
This is a SAMPLE DOCUMENT**

Center for Diversity in Public Health Leadership Training Application

Applicant Instructions

This application cannot be saved for later completion. Once you begin you must complete. The SAVE button SUBMITS COMPLETED APPLICATIONS to the program office.

Please review your application carefully before saving.

Applicant Information

***For which center program are you applying?**

- Ferguson
- MCHC/RISE-UP
- PLLUSS
- MCH-LEARN

***Date**

***Name**

First Middle
Last

This field is required.

***DOB**

This field is required.

***Email Address**

This field is required.

***Email Address (personal email)**

This field is required.

***Phone: Local**

ext.

***Phone: Home**

ext.

Phone: Cell

ext.

***Gender**

- Female
- Male

This field is required.

***Ethnicity Hispanic or Latino? (Other, please specify ethnicity)**

- Yes
- No
- Other

This field is required.

***Race (Please select the best description of your race)**

- American Indian or Alaska Native
- Asian, (Please specify country of ancestry)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial (Please specify)
- Other Race (Please specify)
- Refused

This field is required.

If requested, Please SPECIFY race details in the box below.

***Citizenship Status**

- U.S. Citizen
- Permanent Resident
- U.S. National

This field is required.

***Primary Language Spoken at Home**

- English
- Spanish or Spanish Creole
- Chinese
- Tagalog
- French (including Patois, Cajun)
- Vietnamese
- German
- Korean

This field is required.

***First generational college?**

- Yes
- No

This field is required.

***Have you ever received free or reduced price lunch benefits?**

- Yes
- No

This field is required.

***Pell Grant Eligible**

- Yes
- No

This field is required.

***I learned about the Center Program from:**

--Please Select--

This field is required.

Address

Local Address

***Address**

This field is required.

***City**

This field is required.

***State**

--Please Select--

This field is required.

***Zip Code**

This field is required.

Permanent Address

***Address-**

This field is required.

***City-**

This field is required.

***State-**

--Please Select--

This field is required.

***Zip Code-**

This field is required.

College/University and Focus

***College/University**

This field is required.

***Minority Serving Institution**

- Historically Black Colleges and Universities (HBCU)
- Hispanic-serving
- Asian-serving
- Tribal Colleges and Universities
- Other Minority-serving
- Not-Applicable

This field is required.

***What is your career focus?**

--Please Select--

This field is required.

***What is your future career setting?**

--Please Select--

This field is required.

***Anticipated Graduation Date**

MM/DD/YYYY

This field is required.

GPA Range- Ferguson, MCH-LEARN, PLLUSS

***GPA Range:**

- 3.0 to 3.4
- 3.5 to 4.0

This field is required.

***Actual GPA**

This field is required.

Education and Experience-Ferguson

***Student Classification-Post-baccalaureate Graduate Year (Ferguson)**

This field is required.

***Undergraduate Major (Ferguson)**

This field is required.

***Current Major (Ferguson)**

This field is required.

***All applicants must answer this question. If you are NOT pursuing a Master of Public Health, please select Not Applicable. MPH majors please identify your area of concentration, select all that apply. (Ferguson)**

This field is required.

***My educational track (Ferguson)**

- Master of Public Health
 Other Master's Degree
 Doctorate Degree (e.g. PhD, DrPH)
 Professional Doctorate (e.g. MD, PharmD, DDS, DVM)

This field is required.

***Site Preferences (Ferguson)**

- CDC in Atlanta, GA
 Kennedy Krieger Institute/Johns Hopkins Medical Institutions, Baltimore, MD

This field is required.

Housing (Ferguson)

***I need housing for the orientation in Baltimore, MD**

- Yes
 No

This field is required.

***I will need parking information for the summer training site (parking fees are not covered by the Program)**

- Yes
 No

This field is required.

Health Insurance

***Health Insurance Carrier (enter Non-Applicable if none)**

This field is required.

***Policy Number (enter Non-Applicable if none)**

This field is required.

***Subscriber's Name (enter Non-Applicable if none)**

This field is required.

***Emergency Contact Name**

This field is required.

***Address for Emergency Contact**

This field is required.

State for Emergency Contact

***City:**

This field is required.

***Zip**

***Phone: Emergency Contact**
 ext.
***If accepted, will you require any special accommodations, e.g., accessible transportation**

This field is required.

If you require special assistance, please describe the support you will need

Name of personal assistant, if applicable

Short Answers--250 words maximum per question***Describe your past community service, leadership, and/or research experiences.**

This field is required.

***How do you anticipate participating in this program/fellowship will help your future career goals?**

This field is required.

***List any achievements (i.e., honors or awards)**

This field is required.

Short Answers--250 words maximum per question (Ferguson only)***Describe how health disparities impact the prevention, treatment, and control of infectious diseases.**

This field is required.

***How do you see the attainment of your career goals contributing to public health?**

This field is required.

Ferguson Essay Questions**ESSAY NUMBER 1: Which infectious disease(s) are you most interested in learning more about? (500 word maximum)**

ESSAY NUMBER 2: Describe your ideal infectious diseases research project, include the public health problem to be addressed, methods and expected results. (500 word maximum)

Curriculum Vitae or Resume and Undergraduate Transcript***Curriculum Vitae or Resume (PDF Format)**

Choose File No file chosen

Up to 25 MB **This field is required.**

***University Undergraduate Transcript- Unofficial-ATTACH Unofficial University Undergraduate Transcript (PDF format); name must be on printed version-- PLEASE NOTE AN OFFICIAL UNDERGRADUATE TRANSCRIPT IS REQUIRED UPON ACCEPTANCE. Please ensure the transcript includes your name and the school name.**

Choose File No file chosen

Up to 25 MB **This field is required.**

Graduate Transcript

***University Graduate Transcript-ATTACH Unofficial University Graduate Transcript (PDF format)--PLEASE NOTE AN OFFICIAL Graduate TRANSCRIPT IS REQUIRED UPON ACCEPTANCE. Please ensure the transcript includes your name and the school name.**

Choose File No file chosen

Up to 25 MB **This field is required.**

Referee Information

Two forms of recommendation from faculty at your previous or current university are required. Upon submission (SAVE RECORD) of your application, an email will automatically be sent to each Referee with instructions on how to submit a recommendation on your behalf. All recommendations must be completed using the electronic form provided to each referee. **Deadline for receipt of recommendations is January 31, 2017 11:59 PM.**

***Referee 1**

First Middle Last

This field is required.

***Referee 1 Suffix**

--Please Select--

This field is required.

***Referee 1: Institution/Organization**

This field is required.

***Referee 1: Email**

customer_care@apricot.info

This field is required.

***Referee1 Phone #**

ext.

***Referee 2**

First Middle Last

This field is required.

***Referee 2 Suffix**

--Please Select--

This field is required.

***Referee 2: Institution/Organization**

This field is required.

***Referee 2: Email**

customer_care@apricot.info

This field is required.

***Referee 2 Phone #**

ext.

Consent and Application Acknowledgement

RECOMMENDATIONS: I waive my right of access to these references.

- Yes
- No

***I agree to be contacted to help evaluate the need for summer public health leadership programs. Participation in an end of summer evaluation will include a drawing for a gift card.**

- Yes
- No

This field is required.

***Please type your full name and provide signature in the box using the cursor. By doing so you acknowledge that the information contained in this application is true and accurate to the best of your knowledge and that information may be summarized and shared with the Federal Funding Agency.**

Name

Full Name

Signature

This field is required.

Carefully review your application for accuracy prior to submitting your application. The Program Office will not make revisions to your application once it is submitted.

To SUBMIT your application, click 'SAVE RECORD'. By saving you will SUBMIT your application to the Program Office.

[Please review your application carefully before saving.](#)

SAMPLE