

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

**Maternal and Child Health Careers/Research Initiatives for Student Enhancement –
Undergraduate Program (MCHC/RISE-UP)**

Thank you for your interest in the Maternal and Child Health Careers/Research Initiatives for Student Enhancement – Undergraduate Program (MCHC/RISE-UP).

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 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 MCHC/RISE-UP 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 information and documents readily available and saved in the final formats. Many of the fields are required.

The below instructions will help you prepare and complete the application. Before opening the application, please review the instructions and this **SAMPLE** application 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

Have the following items completed and saved in a word document so you can cut and paste into the online application—each response is not to exceed 250 words:

1. The three (3) Short Answer Responses
2. The Essay Questions 1 (required) and select one from Essay 2 Group

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 MCHC/RISE-UP 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 MCHC/RISE-UP Program office.

If you are ready to complete the MCHC/RISE-UP Application **PLEASE 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/mhc-rise-up

**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**

10/31/2016

***Name**

First
Middle
Last

***DOB**

MM/DD/YYYY

***Email Address**

customer_care@apricot.info

***Email Address (personal email)**

customer_care@apricot.info

***Phone: Local**

ext.

***Phone: Home**

ext.

Phone: Cell

ext.

***Gender**

- Female
- Male

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

- Yes
- No
- Other

***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

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

***Citizenship Status**

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

***Primary Language Spoken at Home**

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

***First generational college?**

- Yes
- No

- German
- Korean

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

- Yes
- No

***Pell Grant Eligible**

- Yes
- No

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

--Please Select--

Address

Local Address

***Address**

***City**

***State**

--Please Select--

***Zip Code**

Permanent Address

***Address-**

***City-**

***State-**

--Please Select--

***Zip Code-**

College/University and Focus

***College/University**

***Minority Serving Institution**

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

***What is your career focus?**

--Please Select--

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

--Please Select--

***Anticipated Graduation Date (If you are a Post-Baccalaureate, please fill in your actual graduation date in the section entitled: Site Preference & Graduation Date)**

MM/DD/YYYY

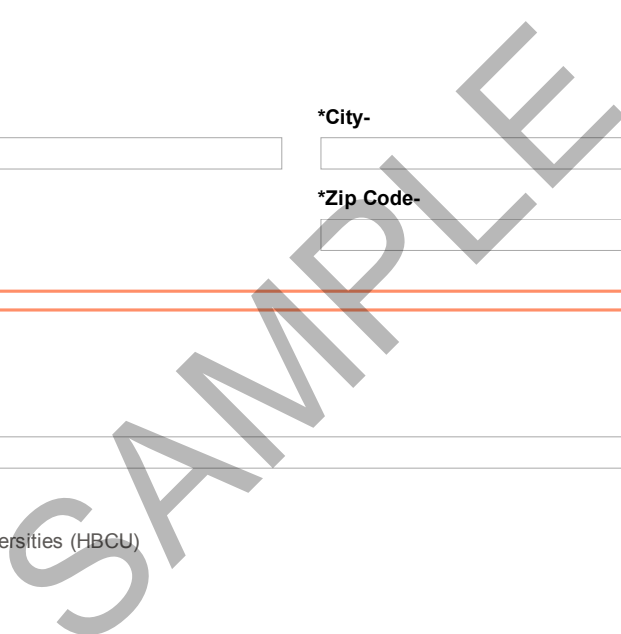
GPA Range & Student Classification- MCHC/RISE-UP

***Student Classification (MCHC/RISE-UP)**

--Please Select--

***GPA Range**

- 2.7 to 2.9



- 3.0 to 3.4
- 3.5 to 4.0

Actual GPA: MCHC/RISE-UP

Education and Experience-MCHC/RISE-UP & PLLUSS

***Current Major (PLLUSS & MCHC/RISE-UP)**

***My Highest Educational Goal (MCHC/RISE-UP & PLLUSS)**

- Bachelor's Degree
- Master Public Health Degree
- Other Master's Degrees
- Doctorate Degree (e.g. PhD, DrPH)
- Professional Doctorate Degrees (MD, PharmD, DDS, DPT, DSW)

Site Preference & Graduation Date-MCHC/RISE-UP

***Site Preferences (MCHC/RISE-UP)**

- Kennedy Krieger Institute/Johns Hopkins University, Baltimore, MD
- University of South Dakota/Sanford School of Medicine, Center for Disabilities, Sioux Falls, SD
- University of Southern California UCEDD at Children's Hospital-LA/California State University-LA, Los Angeles, CA

Post-Baccalaureate Graduation Date (Must be within 12 months of Program Orientation)

Housing (PLLUSS & MCHC/RISE-UP)

***I need housing for the summer training site:**

- Yes
- No

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

- Yes
- No

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

- Yes
- No

Health Insurance

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

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

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

***Emergency Contact Name**

***Address for Emergency Contact**

State for Emergency Contact

***City:**

***Zip**

***Phone: Emergency Contact**

ext.

***If accepted, will you require any special accommodations, e.g., accessible transportation**

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

Name of personal assistant, if applicable

Notes

MCHC/RISE-UP & MCH-LEARN Priorities

***Externship Priority--You can select 1 (one) or 2 (two) externships**

- Clinical (Kennedy Krieger Institute/Johns Hopkins Medical Institutions Only)
- Community Engagement and Advocacy
- Research

Short Answers--250 words maximum per question

***Describe your past community service, leadership, and/or research experiences.**

Notes

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

Notes

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

Notes

Essay Question (PLLUSS & MCHC/RISE-UP)

***ESSAY NUMBER 1 : Why is taking a public health approach important to achieve health equity?**

Notes

Essay Questions (MCHC/RISE-UP)

Please complete 1 of the 3 essays questions below

ESSAY QUESTION 2a: (Clinical) How would you use a public health approach to address a Maternal and Child Health challenge and/or an area of developmental disability? 250 words or less

Notes

ESSAY QUESTION 2b: (Community Engagement and Advocacy) Discuss how leadership impacts public health practice and policy. 250 words or less

Notes

ESSAY QUESTION 2c: (Research) What do you believe is (are) the most important public health issues(s)? Why did you choose this (these) issue(s) and how would you solve it (them)? 250 words or less

Notes

Curriculum Vitae or Resume and Undergraduate Transcript

***Curriculum Vitae or Resume (PDF Format)**

Choose File No file chosen

Up to 25 MB

***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

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 EASTERN TIME.**

***Referee 1**
 First Middle Last
***Referee 1 Suffix**

--Please Select-- ▾

***Referee 1: Institution/Organization**

***Referee 1: Email**
 customer_care@apricot.info
***Referee1 Phone #**
 ext.
***Referee 2**
 First Middle Last
***Referee 2 Suffix**

--Please Select-- ▾

***Referee 2: Institution/Organization**

***Referee 2: Email**
 customer_care@apricot.info
***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

***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



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