

Response Summary:



**Center for Excellence in Public Health Leadership
Application**

We thank you for your interest in the Center for Excellence in Public Health Leadership programs. We appreciate your commitment to enhancing your skills and knowledge in public health. To ensure that you have a thorough understanding of the application process and requirements, we strongly encourage you to review the APPLICATION GUIDELINES & SAMPLE APPLICATION in detail. This will provide you with the essential information needed to complete your application accurately and efficiently.

To facilitate a smooth application experience, please prepare the following materials in advance:

1. ****Resume/CV:**** A current resume or curriculum vitae that highlights your educational background, professional experience, relevant skills, volunteering, and any certifications.
2. ****Transcripts:**** Transcripts from both your undergraduate and graduate studies (if applicable). Please ensure these are up to date and reflect your most recent academic achievements.
3. ****Letters of Recommendation:**** The names and contact information for 2 to 3 faculty members or professional mentors who are familiar with your work and can provide insightful letters of recommendation. It is advisable to ask for their consent beforehand and give them ample time to prepare their letters.
4. ****Essay Questions:**** Thoughtfully crafted responses to the application essay questions provided, demonstrating your personal motivations, relevant experiences, and aspirations within the field of public health

By preparing these materials ahead of time, you will streamline the application process and position yourself for a successful submission. Thank you again for your interest, and we look forward to reviewing your application. If you have all the necessary documents (noted above) and information ready, the application process should take roughly 30 to 45 minutes to finalize. If you do not review the documentation initially, you may need up to 2 hours to finalize.

Please note, demographic information, e.g., race, ethnicity, primary language spoken at home, accommodation status, are not visible to reviewers during the selection process.

Enabling or accepting cookies will save your progress in the Chrome browser. Cookies will afford you the opportunity to return to the Qualtrics application at a later time, if needed. With that being said, we cannot guarantee the progress will be saved as this application does not have a login feature. We suggest completing the application in one sitting. To access a saved application, you must use the same link and the same device you used to start it. For more information about what cookies are, please see the [provided link](#).

It is critical that we read *your original words* in the essays below. If you choose to use AI, other than for grammar and spell check purposes, please cite AI as a reference within the essay box. Please review your application carefully. The program STAFF will **NOT** make any changes to your application once submitted. For all programs, the application deadline is **January 31st at 11:59 PM**. Letters of recommendation are due one week later, on **February 7th at 11:59 PM**. The application and letter of recommendations system will close automatically at their respective deadlines, and we will not accept late submissions.

Please note: All activities are contingent on the availability of federal funds.

Q2.1. To which program are you applying?*

- EMURG Health Leaders Fellowship (5-month)

Q2.3. Are you able to participate in a full-time fellowship for 5 months?*

- Yes

Q2.6. Are you a U.S. Citizen, Permanent Resident, or U.S. National with necessary documentation? *

- U.S Citizen (50 states)

Q3.1. Does your current or latest academic program use a GPA / grading system?*

- Yes

Q3.2. Please enter your GPA as reported in your transcript, including 2 decimal points.*

3.90

Q3.3. Are you actively enrolled in an academic program?*

- Yes

Q4.1. What is your highest level of completed education?*

- Bachelor's Degree

Q4.2. What is your current academic status?*

- Master's Student

Q4.4. What is your anticipated graduation year?*

- 2028

Q4.5. What is your anticipated graduation term?*

- Spring

Q4.8. What was your undergraduate major?*

- Health Education

Q4.10. What is your current or completed Graduate/Professional Program?*

- Master of Public Health (MPH)

Q4.12. I learned about the Center for Excellence in Public Health Leadership Program from the following (select all that apply):*

- Meeting
- Presentation at a community based organization
- CDC website
- Conference booth
- Listserv or distribution list

Q5.1. Please enter your legal name as listed on your birth certificate, state issued ID, or driver's license.

First Name*	EMURG
Middle Name	N/A
Last Name*	Sample Application

Q5.2. Please list your preferred name, if different than the name given at birth:

Preferred First Name	EMURG
Preferred Middle Name	N/A
Preferred Last Name	Sample Application

Q5.3. Please list your contact information:

Academic / Professional email (This email will be used if we do not receive a timely response from email to your preferred contact email.)*	emurg_fellowship@kennedykrieger.org
Personal email (This email will be used if we do not receive a timely response from email to your preferred contact email.)*	CenterforExcellenceNPH@kennedykrieger.org
Preferred phone number (US cell or home)*	667-205-4597
Alternate phone number (cell or home)*	667-205-4597

Q5.4. Please select your preferred email.*

This is the email we will use to communicate information about your application and program activities. This can be either your academic/professional or personal email.

- emurg_fellowship@kennedykrieger.org

Q5.5. Emergency Contact:*

Please enter the information of your emergency contact.

First Name:	EMURG
Middle Name:	N/A
Last Name:	Sample Application
Phone:	667-205-4597
Address Line 1:	716 N Broadway
Address Line 2:	N/A
City:	Baltimore
State:	MD
County:	Baltimore City
Zipcode:	21205
Country	United States

Q5.6. Please enter your local address:*

Address Line 1	716 N Broadway
Address Line 2	N/A
City	Baltimore
State	MD
County	Baltimore City
Zip	21205
Country	USA

Q5.7. Is your permanent address the same as your local address? *

- No

Q5.8. Please enter your permanent address.*

If you do not have a permanent address to report, please use your temporary or school address.

Address	716 N Broadway
Address line 2	N/A
City	Baltimore
State	MD
County	Baltimore City
Zip	21205
Country	United States

Q5.9. What is your date of birth? Please use the mm/dd/yyyy format:*

11/03/1900

Q5.10. What is your sex assigned at birth?*

- Male

Q5.11. What is your race?*

- Prefer not to respond

Q5.12. What is your Ethnicity?*

- Hispanic or Latino/a

Q5.13. What is the primary language spoken at home?*

- Chinese (please specify):
practice

Q5.17. Are you a First-Generation College Student?*

- Yes

Q5.18. Are you a first (1st) or second (2nd) generation U.S. Citizen or Permanent Resident?*

- N/A

Q5.19. What is your country of origin?*

United States

Q5.20. Have you ever received free or reduced price lunch benefits?*

- Yes

Q5.21. Are you Pell Grant eligible?*

- No

Q5.22. Do you have federal student loans?*

- Prefer not to respond

Q5.23. Do you know your FAFSA EFC (Expected Family Contribution)?*

- Yes

Q5.24. What is the amount of your FAFSA EFC?

practice

Q5.25. If accepted, will you require any special accommodations? (i.e., Accessibility/Americans with Disabilities [ADA] Accommodations Considerations):*

- Yes

Thank you for sharing answers to the above. Our goal is to understand the needs and concerns of our scholars so that we can provide the resources that each scholar needs to thrive. This information also illustrates who our program reaches and informs recruitment efforts.

Q6.1. What is the name of your College/University?*

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Q6.3. What is your highest educational goal?*

- Professional Doctorate Degrees (e.g., MD/DO, PharmD, DDS, DPT, DSW)

Q6.4. What is your future career focus?*

- Public Health

Q6.5. What are your future career settings? *Please choose your top 3 settings.**

- Administrative
- National Health Organization
- Private/For-Profit

Q7.2. What is your site preference for the EMURG Program? *Please click and drag to rank your top 3 choices:**

Please note that while we will do our best to match scholars with their preferred sites, we cannot guarantee it.

- Top 3 choices:
 1. Centers for Disease Control and Prevention
 2. Office of Population Affairs
 3. National Institutes of Health

Q7.6. Will you need housing for the Center for Excellence orientation in Baltimore?*

- Yes

Q7.7. Will you need housing for your Center for Excellence site location?*

- Yes

Q7.8. Do you have access to a vehicle that you can use during your Center for Excellence in Public Health Leadership experience?

- Yes

Q7.9. On which days do you have access to a vehicle that you can use during your Center for Excellence in Public Health Leadership experience? Please select all that apply.

- Monday
- Wednesday
- Friday

Q7.10. Will you need access to parking at your Center for Excellence site location?

- Yes

Q8.1. Have you attained any achievements, such as honors and/or awards?*

- Yes, I have received 2 or more honors and/or awards

Q8.2. Please briefly list the received honor(s) and/or award(s):*

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Q8.3. Do you have any volunteer community service experience?*

- Yes, I have volunteered for more than 2 years

Q8.4. Please briefly list your volunteer community service experience:*

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Q8.5. Have you participated in an advisory board role, club, committee, and/or community organization?*

- Yes, I have participated as a **President**

Q8.6. Please briefly list your participation an advisory board role, club, committee, and/or community organization:*

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Q8.7. Have you led or collaborated on the implementation of any activities/programs in school organizations, extracurricular activities, or work/volunteer experiences?*

- Yes

Q8.8. Please briefly list your leadership roles in school organizations, extracurricular activities, or work/volunteer experiences.*

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Q9.1. Resume or Curriculum Vitae (PDF Format) *

Please upload your Resume or Curriculum Vitae (CV) in a PDF format. Be sure to include any community service/volunteering, awards/achievements, poster presentations, publications, and relevant work experience you may have.

[\[Click here\]](#)

Q9.2. University Undergraduate Transcript (PDF Format)*

Please upload your Unofficial University Transcript in a PDF format. Ensure that the transcript includes your name and the school name.

***PLEASE NOTE: AN OFFICIAL UNDERGRADUATE TRANSCRIPT MAY BE REQUIRED UPON ACCEPTANCE.**

[\[Click here\]](#)

Q9.3. University Graduate Transcript (PDF Format)*

Please upload your Unofficial University Graduate Transcript in a PDF format. Ensure that the transcript includes your name and the school name.

***PLEASE NOTE: AN OFFICIAL GRADUATE TRANSCRIPT MAY BE REQUIRED UPON ACCEPTANCE.**

[\[Click here\]](#)

Q10.1. Please rate how *interested* you are in the following *public health and research areas*, with no more than 5 Most Interested selections.*

<i>Bioinformatics</i>	Most Interested - I am applying specifically to use this research area.
<i>Child Maltreatment</i>	Very Interested
<i>Child and Adolescent Health</i>	Slightly Interested
<i>Community-Based Participatory Research</i>	Not Interested
<i>Developmental Disabilities</i>	Not Interested
<i>Emergency Preparedness</i>	Slightly Interested
<i>Epidemiology</i>	Slightly Interested
<i>Economics</i>	Interested
<i>Health Promotion</i>	Very Interested
<i>Infectious Diseases</i>	Very Interested
<i>Laboratory Science</i>	Very Interested
<i>Maternal Health</i>	Most Interested - I am applying specifically to use this research area.
<i>Mental Health</i>	Slightly Interested
<i>Public Health Communication</i>	Interested
<i>Public Health Education</i>	Most Interested - I am applying specifically to use this research area.
<i>Public Health Informatics</i>	Slightly Interested
<i>Public Health Policy</i>	Very Interested
<i>Substance Abuse</i>	Interested
<i>Not Listed Above, Describe Practice</i>	Most Interested - I am applying specifically to use this research area.

Q10.2. Please rate how *interested* you are in using the following *skills* during your EMURG Fellowship.*

Biostatistics	Most Interested - I am applying specifically to use this skill.
Clinical	Not Interested
Data Coding	Most Interested - I am applying specifically to use this skill.
Economics	Not Interested
Epidemiology	Slightly Interested
Informatics	Interested
Laboratory Science (i.e., advanced molecular detection, PCR, genomics, etc.)	Slightly Interested
Literature Review	Not Interested
Policy	Not Interested
Survey Design	Very Interested

Q10.3. For each of the items listed below, please indicate your *level of proficiency* based on your education, research and/or work experience.*

Scale:

1- Very Limited: *I have minimal experience with this software or technique.*

2- Basic User: *I have basic skills but only for simple tasks.*

3- Moderate User: *I am comfortable with this application or technique and can navigate most functions independently.*

4- Advanced User: *I have extensive experience with this technique or software and can troubleshoot most issues independently.*

5- Expert User: *I am highly proficient in using this software or technique and have trained colleagues.*

N/A: Not Applicable

Biostatistics	3- Moderate User
Clinical	1- Very Limited
Data Coding	5- Expert User
Economics	No Experience
Epidemiology	2- Basic User
Informatics	4- Advanced User
Laboratory Science (i.e., advanced molecular detection, PCR, genomics, etc.)	No Experience
Literature Review	No Experience
Policy	No Experience
Survey Design	No Experience

Q10.4. Please indicate the statistical software(s) in which you are proficient. Select all that apply.*

- Python
- SAS
- Other(s); please specify:
Practice

Q11.1. Describe what has shaped your academic and professional goals in Public Health (250 word maximum).*

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Q11.2. In your academic, professional, or volunteer portfolio, how have situational and contextual factors related to health impacted the prevention, treatment, and control of infectious diseases or other health conditions? (250 word maximum)*

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Q11.3. What public health challenge are you most concerned about, and how have you worked in your school or community to address that challenge? (500 word maximum)*

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Q11.5. Provide a research plan to address an emerging public health challenge. Include a community engagement or health promotion component, methods, and expected results in your plan.

*Please note, if you are selected for the fellowship, your actual research project will be determined by your research mentor in collaboration with you. (500 word maximum)**

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Referee Information

Two recommendation forms from faculty at your previous or current university are required as part of your application. ***The recommendation MUST be on professional letterhead.*** An email will be automatically 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.

The deadline for receipt of recommendations for ALL programs is February 7, 2026.

Q12.2. Referee 1*

Please enter the contact information for your first referee.

Honorific (e.g., Dr., Ms., Mr., etc.)	Dr.
First Name	EMURG
Last Name	Practice Application
Academic or Research Email Address	CenterforExcellenceNPH@kennedykrieger.org
Institution/University	Practice Application
Title/Position	Practice Application

Q12.3. Referee 2*

Please enter the contact information for your second referee.

Honorific (e.g., Dr., Ms., Mr., etc.)	Ms.
First Name	EMURG
Last Name	Practice Application
Academic or Research Email Address	EMURG_fellowship@kennedykrieger.org
Institution/University	Practice Application
Title/Position	Practice Application

Q12.4. Referee 3 (Optional)

If desired, please enter the contact information for a third referee.

Honorific (e.g., Dr., Ms., Mr., etc.)	Mr.
First Name	EMURG
Last Name	Practice Application
Academic or Research Email Address	CenterforExcellenceNPH@kennedykrieger.org
Institution/University	Practice Application
Title/Position	Practice Application

Q13.1. Do you agree to be contacted to evaluate summer public health leadership programs?*

- Yes

Please note that the information collected in this application has a dual purpose. First, information you provide via this survey is required by the funding agency for scholar selection and program evaluation. Second, after receiving your permission, information you provide will be used for research purposes (i.e., to test hypotheses about the effectiveness of program curricula and activities). Participation in this research is voluntary.

Your permission (or lack of permission) in this research will have no effect on your current or future relationship with the Center for Excellence in Public Health Leadership at Kennedy Krieger Institute.

You may cancel your permission to use your information for research at any time by contacting Dr. Harolyn Belcher (CenterforExcellenceNPH@kennedykrieger.org). Your cancellation will not affect information already collected.

This study has been reviewed and approved by the Johns Hopkins Medical Institutional Review Board. IRB00398423
PI Harolyn Belcher

Q13.3. I agree that the information provided in this survey can be used for research in aggregate and de-identified (or limited, e.g., dates maybe used) format.*

- Yes

Q13.4. By providing your signature in the box, you acknowledge that the information contained in this application is true and accurate to the best of your ability. Further, please understand that you are waiving your right to request that the Center for Excellence in Public Health Leadership send a copy of your referees' recommendations to you. *

[\[Click here\]](#)

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.

If you DO NOT receive an Email confirmation following the submission of your application, please contact:

EMURG_Fellowship@kennedykrieger.org
