**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, 2026 at 11:59 PM**. Letters of recommendation are due one week later, on **February 7th, 2026 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?***

- MCHC/RISE-UP

**Q2.4. Have you ever participated in a CDC John R. Lewis Undergraduate Public Health Scholars Program?***

- No

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

- Permanent Resident

**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.***

3.08

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

- Yes

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

- High-School Diploma

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

- Undergraduate Student

**Q4.3. What is your current undergraduate status?***

- Junior

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

- 2028

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

- Spring

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

- Meeting
- Presentation at University
- CDC website
- College Professor

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

| | |
|---|---|
| ***First Name**** | MCHC/RISE-UP |
| ***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*** | N/A |
| ***Preferred Middle Name*** | N/A |
| ***Preferred Last Name*** | N/A |

**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.)**** | mchc-rise-up@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.**

- mchc-rise-up@kennedykrieger.org

**Q5.5. Emergency Contact:***

**Please enter the information of your emergency contact.**

| | |
|---|---|
| ***First Name:*** | MCHC/RISE-UP |
| ***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?***

- Female

**Q5.11. What is your race?***

- White

**Q5.12. What is your Ethnicity?***

- Hispanic or Latino/a

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

- English

**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?***

- Second generation Permanent Resident

**Q5.19. What is your country of origin?***
MCHC/RISE-UP Sample Application

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

**Q5.21. Are you Pell Grant eligible?***
- Yes

**Q5.22. Do you have federal student loans?***
- Prefer not to respond

**Q5.23. Do you know your FAFSA EFC (Expected Family Contribution)?***
- Prefer not to respond

**Q5.25. If accepted, will you require any special accommodations? (i.e., Accessibility/Americans with Disabilities [ADA] Accommodations Considerations):***
- No

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?***
MCHC/RISE-UP Sample Application

**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?***
- Academic

**Q6.5. What are your future career settings? *Please choose your top 3 settings.****
- Academic
- Educational (K-12)
- National Health Organization

**Q6.6. Please select all of the following research areas in which you are interested from the list below:***
- Clinical Research
- Epidemiology/Infectious Diseases
- Occupational Health
- Substance Use/Harm Reduction
- Maternal Health
- Genetics, Immunology/immunizations and Vaccines, Neuroscience

**Q7.3. Please select your RISE-UP site preference:***
- Kennedy Krieger Institute/John Hopkins University, Baltimore, MD

**Q7.5. Please select *up to two* Leadership Tracks that you would like to explore during the fellowship:***
- Community and Advocacy
- Clinical

**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
- Tuesday
- Wednesday
- Thursday

**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):***
MCHC/RISE-UP Sample Application

**Q8.3. Do you have any volunteer community service experience?***
- Yes, I have volunteered between 1 to 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 **Member**

**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]

# 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.)*** | Mr. |
| ***First Name*** | MCHC/RISE-UP |
| ***Last Name*** | Sample Application |
| ***Academic or Research Email Address*** | mchc-rise-up@kennedykrieger.org |
| ***Institution/University*** | MCHC/RISE-UP Sample Application |
| ***Title/Position*** | MCHC/RISE-UP Sample Application |

**Q12.3. Referee 2***

**Please enter the contact information for your second referee.**

| | |
|---|---|
| ***Honorific (e.g., Dr., Ms., Mr., etc.)*** | Dr. |
| ***First Name*** | MCHC/RISE-UP Sample Application |
| ***Last Name*** | MCHC/RISE-UP Sample Application |
| ***Academic or Research Email Address*** | centerforexcellencenph@kennedykrieger.org |
| ***Institution/University*** | MCHC/RISE-UP Sample Application |
| ***Title/Position*** | MCHC/RISE-UP Sample Application |

**Q12.4. Referee 3 (Optional)**

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

| | |
|---|---|
| ***Honorific (e.g., Dr., Ms., Mr., etc.)*** | Mrs. |
| ***First Name*** | MCHC/RISE-UP Sample Application |
| ***Last Name*** | MCHC/RISE-UP Sample Application |
| ***Academic or Research Email Address*** | centerforexcellencenph@kennedykrieger.org |
| ***Institution/University*** | MCHC/RISE-UP Sample Application |
| ***Title/Position*** | MCHC/RISE-UP Sample 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.***

- No

**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:**

**MCHC-RISE-UP@kennedykrieger.org**

**Q15.1. 1. Briefly describe your academic or professional goals in public health. Discuss what shaped your goals. (250 words maximum)***

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**Q15.3. 2. Identify a time when a situation changed from what you expected and describe how you used problem solving, innovation, and creativity to adapt (250 word maximum).***

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**Q15.4. 3. A. What is one public health issue that you are most passionate about and why? (250 word maximum).***

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**Q15.5. 3. B. Please select ONE of the essay questions below. For reference, you selected the track(s) listed below:**
**Community and Advocacy, Clinical**

- **How do you anticipate engaging in Clinical Care to address this issue in your career? (250 word maximum).**
- **How do you anticipate engaging in Community Engagement and Advocacy to address this issue in your career? (250 word maximum).**
- **How do you anticipate engaging in Research to address this issue in your career? (250 word maximum).**

Answer ONE of the essay questions from 3B based on the tracks you selected in the application.
This sample application selected Clinical and Community and Advocacy as the tracks. They then selected the clinical care question to answer: "How do you anticipate engaging in Clinical Care to address this issue in your career? (250 word maximum).MCHC/RISE-UP Sample Application"