

**THE 2018 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 maximum time allowed). 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.**

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, 2018, 11:59PM (Eastern Standard Time)** will automatically be deleted from the system. All applications are automatically dated and time stamped. If applying online poses a hardship, please contact our office during business hours (9:00 AM to 5:00 PM Eastern Standard Time) 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 during the submission **SAVE RECORD** process. 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 staff will not make any changes to submitted applications. Please review your application carefully prior to submitting, especially the email addresses you enter for your referees.

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: last name\_first name\_resume
- Unofficial Undergraduate Transcript (PDF format): save file as: last name\_first name\_ugtranscript

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. Essay Question 1 (required) ***and*** select one from Essay 2a, 2b, or 2c
3. Name, email, and phone number of two faculty references (referees)

**IMPORTANT NOTES: Please check and confirm you have entered the correct email for your referees. A reference request will automatically be sent to the email address entered on your application. Your referees may need to check their spam and/or junk mail folder.**

#### **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 for your records.
  - 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** a referee submits 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/mchc-rise-up](http://www.kennedykrieger.org/mchc-rise-up)**

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

## Center for Diversity in Public Health Leadership Training Application

### Applicant Instructions

This application must be completed in a two-hour session. We suggest you thoroughly review the sample application before beginning to ensure you have all information needed and documents you plan to upload readily accessible before starting. You will not be able to begin, save and return to complete this application. The SAVE button on the right top column will save and SUBMIT your application.

Please review your application carefully. The program will NOT make any changes to your application.

### Select Center Program

\*Name

SAMPLE Middle  
SAMPLE

\*DOB

11/01/2017

\*For which center program are you applying?

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

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

- Yes  
 No

Please confirm the information entered is correct.

- Yes  
 No

### MCHC/RISE-UP Applicant Eligibility Screen

\*1) Is your GPA 2.7 or greater WITHOUT rounding and verified on your unofficial transcript currently?

- Yes  
 No

\*2) Are you currently an undergraduate rising junior, junior, senior or a post-bac that has/will graduate between May 2017 and December 2017?

- Yes  
 No

### Applicant Information

\*Date

10/30/2017

\*Email Address

customer\_care@apricot.info

\*Email Address (personal email)

customer\_care@apricot.info

\*Gender

- Female  
 Male  
 Other

\*Phone: Local

ext.

\*Phone: Home

ext.

Phone: Cell

ext.

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

- Yes  
 No

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

- American Indian or

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

Other

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

**\*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
- German
- Korean

**\*First generational college?**

- Yes
- No

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

--Please Select--

**\*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--

**\*If accepted, will you require any special accommodations, e.g., accessible transportation for wheelchairs, adaptive equipment, etc.**

--Please Select--

**Address Selection**

**\*Is your local address within the United States?**

- Yes
- No

**\*Is your permanent address within the United States?**

- Yes
- No

**Permanent U.S Address**

**\*Permanent Address**

Select to map  
No results found

**Address**

Line 1

Line 2

**City**

City

**State**

--Please Select--

**County**

County

Zip

### Local U.S Address

**\*Local Address**

Select to map

**Address**

No results found

Line 1

Line 2

**City**

City

**State**

--Please Select--

**County**

County

**Zip**

### 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? (Select your top 1 or 2 settings)**

- Academic Setting
- Administrative Setting
- Community Setting
- Educational Setting (K-12)
- Federal/State/Local Agency
- Federal (FQHC)/State/Local Health Department Setting
- National Health Organization Setting
- Non-Profit Setting
- Private/For-Profit Setting
- Private Practice Setting

**\*Anticipated Graduation Date**

MM/DD/YYYY

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

--Please Select--

This field is required.

**\*GPA Range: (MCHC/RISE-UP)**

- 2.7 to 2.9
- 3.0 to 3.4
-

3.5 to 4.0

This field is required.

**\*Actual GPA: MCHC/RISE-UP**

0.0

This field is required.

**Post-Baccalaureate Graduation Date (complete if your graduation date is between 05/2017- 12/2017)**

MM/DD/YYYY

**\*My Highest Educational Goal (MCHC/RISE-UP & MCH-LEARN)**

- 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)

This field is required.

**\*Current Major ( MCHC/RISE-UP & MCH-LEARN)**

--Please Select--

This field is required.

**Site Preference****\*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 California, Davis, CA

This field is required.

**Housing****\*I need housing for the orientation in Baltimore, MD: (MCHC/RISE-UP)**

- Yes  
 No

This field is required.

**\*I need housing for the summer training site: (MCHC/RISE-UP)**

- Yes  
 No

This field is required.

**\*I will need parking information for the summer training site (NOTE: Parking fees are not covered by the Program): (MCHC/RISE-UP)**

- Yes  
 No

This field is required.

**MCH-LEARN & MCHC/RISE-UP Leadership Tracks**

Clinical Leadership Track ONLY (please rank your top 3 using the selection choices below): Spine (occupational and physical therapy), interdisciplinary transition program, speech, physical therapy, occupational therapy, For neuro-psychology, behavior psychology, nutrition, social work, medicine

**\*MCHC/RISE-UP: You can select 1 or 2 of the 3 Leadership Tracks**

- Clinical  
 Community  
 Research

This field is required.

**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 Questions (MCHC/RISE-UP)****\*ESSAY NUMBER 1 : Why is taking a public health approach important to achieve health equity? (250 word maximum)**

Notes

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 challenge(s)? Why did you choose this (these) challenge (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)** 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.** 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, 2018 11:59 PM EASTERN TIME.**

**\*Referee 1**

First

Middle

Last

**\*Referee 1 Suffix**

--Please Select-- ▾

**\*Referee 1: Institution/Organization****\*Referee 1: Email**

PLEASE CHECK ACCURACY OF EMAIL

**\*Referee1 Phone #**   ext. **\*Referee 2**  **\*Referee 2 Suffix****\*Referee 2: Institution/Organization****\*Referee 2: Email**

PLEASE CHECK ACCURACY OF EMAIL

**\*Referee 2 Phone #**   ext. **Emergency Contact****\*Emergency Contact Name****\*Phone: Emergency Contact**   ext. **\*Address Global Lookup**

Select to map

**Address**

No results found

**Postal Code****Country****Consent and Application Acknowledgement**

**\*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.**

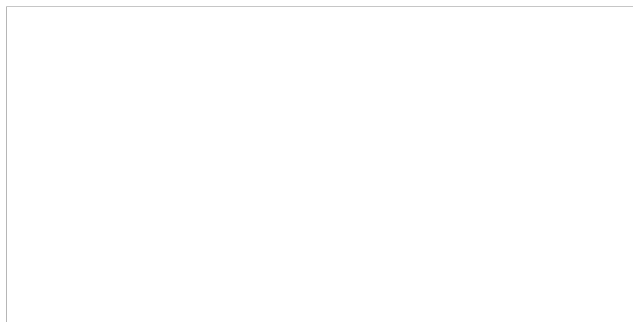
- Yes  
 No

By signing below you understand that you are waiving your right to request that the Center for Diversity in Public Health Leadership Training send you recommendations that your referees have submitted on your behalf.

**\*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****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