

## The Excellence in Mentorship of UnderRepresented Groups (EMURG) for Health Equity Leaders Fellowship Program Application Guidelines

Thank you for your interest in The Excellence in Mentorship of UnderRepresented Groups (EMURG) for Health Equity Leaders Fellowship Program

**THERE IS A SAMPLE APPLICATION AT THE END OF THIS DOCUMENT.**

**IMPORTANT:** Please review the instructions before beginning the online application.

**You MUST complete the application in one session (2-hour maximum allowed)!**

This form will NOT save and allow you to return to complete. Once the entire application is completed, you can print it. Please be prepared to print your application or change your print options and print to a PDF for your records.

Navigate the form (move from field to field) by hitting the tab button.

The link to the EMURG Fellowship Online Application is at the end of these instructions. Please note that all applications must be completed using the Center Program's Online Application by **January 31 at 11:59 PM Eastern Standard Time**. Applications submitted **AFTER Wednesday, January 31, 2024, 11:59 PM (Eastern Standard Time [EST])** 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 EST) before the closing date for an alternate submission method. (Contact: 443-923-5901; Email: [EMURG\\_Fellowship@kennedykrieger.org](mailto:EMURG_Fellowship@kennedykrieger.org)).

**IMPORTANT: Be prepared to complete the application in one session (2-hour maximum time allowed), as you will NOT be able to save the form and return to it to complete later; you will be given the option to PRINT the form once you hit SUBMIT. Have all your documents and information readily available and saved in the final formats. Many of the fields are required (REVIEW APPLICATION CHECKLIST BEFORE BEGINNING THE APPLICATION).**

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.

Program Staff will not make any changes to submitted applications. Please review your application carefully before submitting it, 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 the file as: *last name\_first name\_resume*
- Unofficial Undergraduate Transcript (PDF format). Save the file as: *last name\_first name\_ugtranscript*
- Unofficial Graduate Transcript (PDF format). Save the file as: *last name\_first name\_gradtranscript*

**Unofficial undergraduate transcript and graduate transcript include your name and the school's name.**

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

1. The three (3) Short Answer responses are required (maximum 250-word limit per response).
2. The four (4) Essay Questions are required. Questions #1 and #2 (maximum 250-word response); Questions #3 and #4 (maximum 500-word response).
3. Name, email, and phone number of two (2) 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 AND SUBMISSION:**

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 **SUBMIT**.** If you forget to complete a section, hitting the **SUBMIT** button will notify you what required items are missing in the Record Save Checklist (right column).
  - 2) Submitting 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) **Reminder: You will NOT be able to save the form AND return to it to complete later. THE SUBMIT BUTTON SUBMITS COMPLETED APPLICATIONS TO THE EMURG 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 a referee submits a recommendation form to the EMURG Fellowship Program office.**

**IMPORTANT:** Please review the sample application before beginning the online application.

**Below document is NOT the Online Application— It is a SAMPLE**

# Center for Diversity in Public Health Leadership Training Application

## Application Instructions

This application must be completed in a two-hour session. We suggest that you thoroughly review the APPLICATION GUIDELINES & SAMPLE APPLICATION. Click [HERE](#) before beginning your application to ensure that you have all the information and documentation readily accessible before completing your application.

You will not be able to begin, save and return to complete this application. The SUBMIT 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.

## Choose Center Program

### \*Birth Name (as listed on state issued ID/driver's license)

EMURG\_Fellowship EMURG\_Fellowship VFB

### Preferred name (if different than name given at birth)

First Middle Last

### \*Pronouns:

- He/Him/His  
 She/Her/Hers  
 They/Them/Theirs

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

- EMURG Health Equity Leaders Fellowship (12- month)  
 MCH-LEARN  
 MCHC/RISE-UP  
 Ferguson RISE Fellowship

**SAMPLE**



### \*Date of Birth (DOB)

08/01/1993

### \*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

## EMURG Fellowship Eligibility Screen

### \*1) If you are an active graduate or medical student, does your unofficial transcript/grades indicate that you are in good standing and your GPA is 3.0 or greater (without rounding)? (EMURG)

- Yes  
 No

**\*2) Are you within 12 months of your post graduate degree by the start of the EMURG Health Equity Fellowship (last week in May)?**

- Yes
- No

**\*3) Are you able to participate in a full-time fellowship for 12 months?**

- Yes
- No

## Applicant Information

**\*Date**

10/06/2023

**\*Preferred contact email (this is the email we will use to communicate information about your application and program activities.)**

Berkeley@KennedyKrieger.c

**\*Secondary email (This email address will be used if we do not receive a timely response from email to your preferred contact email.)**

Berkeley@KennedyKrieger.c

**\*Phone: Preferred number**

000 000 0000 ext.

**\*Phone: Home**

000 000 0000 ext.

**\*Phone: Cell**

000 000 0000 ext.

**\*Gender**

- Male
- Female
- Transgender Woman/Trans Woman
- Transgender Man/Trans Man
- Gender Non-Binary
- Not listed above

**\*Biological sex**

- Male
- Female

**\*Do you consider yourself to be:**

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Not listed above
- Prefer Not to Respond

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

- American Indian or Alaska Native (please specify tribal affiliation)
- Asian (please specify country of ancestry)
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multiracial (please specify)
- Not listed above (please specify)
- Prefer Not to Answer

**Please specify race details:**

SAMPLE



**\*Ethnicity (Hispanic or Latinx)**

- Yes
- No
- Not listed above

**If not listed above, please specify your ethnicity:**

**\*Primary language spoken at home**

- English
- Spanish or Spanish Creole
- Chinese (please specify)
- Tagalog
- French (including Patois, Cajun)
- Vietnamese
- German
- Korean
- Not listed above

**\*First-Generation College Student?**

- Yes
- No

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

- N/A
- First generation U.S. Citizen
- First generation Permanent Resident
- Second generation U. S. Citizen
- Second generation Permanent Resident

**\*What is the country(ies) of your family's origin?**

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

- Yes
- No

**\*Pell grant eligible?**

- Yes
- No

**SAMPLE**



**\*I learned about the Center for Diversity in Public Health Leadership Program from the following:**

- Career Fair
- CDC website
- College Counselor
- College Professor
- Conference booth
- Email
- EMURG Health Equity Fellowship website
- Ferguson RISE Fellowship website
- Listserv or distribution list
- Mail/Bulletin Board/Flyer
- MCH LEARN
- MCHC/RISE-UP website
- Meeting
- My University website
- Presentation (s) at a conference
- Presentation at a community based organization
- Presentation at University
- Social Networking site (i.e., Facebook, Twitter)
- Website not listed above, describe
- Word of mouth (i.e., Friend, Classmate, Family Member, Program Alumni, Professor, Community Leader)

**\*Do you know your FAFSA EFC (Expected Family Contribution) score?**

- Yes
- No
- Do not wish to disclose.

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

Yes

**\*Accommodations**

- Physical mobility needs
- Adaptive equipment
- Personal assistant
- Assistive technology
- American Sign Language (ASL)
- Augmentative & Alternative Communication devices
- Other

**SAMPLE**



**\*If you require other/additional special accommodations, please describe the type you will need, below.**

TEST

Thank you for sharing answers to the above items about your experience and identity. Our goal is to understand the needs and concerns of our scholars so that we can plan to provide the resources that each scholar needs to thrive this summer. This information also illustrates who our program reaches and informs our ongoing efforts to increase inclusivity by expanding our outreach to a wide range of under-resourced and underrepresented populations.

**Address**

**\*Where is your local address?**

- United States
- Outside of United States

**\*Where is your permanent address?**

- United States
- Outside of United States

IF YOU DO NOT HAVE A LOCAL ADDRESS TO REPORT, PLEASE USE YOUR TEMPORARY OR SCHOOL ADDRESS.

AFTER TYPING IN YOUR LOCAL ADDRESS, BE SURE TO CLICK "SELECT TO MAP" AS SEEN BELOW, TO ENSURE YOUR ADDRESS IS SAVED.

IF THE CITY OR COUNTY FIELDS DO NOT APPLY TO THE STATE/TERRITORY OF YOUR ADDRESS, PLACE "NA" IN THE FIELD SO THAT YOU ARE ABLE TO SUBMIT YOUR APPLICATION.

**\*Local Address (US)**

Select to map

**Address**

Maryland, USA

TEST

TEST

**City**

TEST

**State**

Maryland

**County**

TEST

**Zip**

00000

**GeoLocation**

29.560923,-95.113783000

IF YOU DO NOT HAVE A PERMANENT ADDRESS TO REPORT, PLEASE USE YOUR TEMPORARY OR SCHOOL ADDRESS.

AFTER TYPING IN YOUR PERMANENT ADDRESS, BE SURE TO CLICK "SELECT TO MAP" AS SEEN BELOW, TO ENSURE YOUR ADDRESS IS SAVED.

IF THE CITY OR COUNTY FIELDS DO NOT APPLY TO THE STATE/TERRITORY OF YOUR ADDRESS, PLACE "NA" IN THE FIELD SO THAT YOU ARE ABLE TO SUBMIT YOUR APPLICATION

**\*Permanent Address (Out of US)**

Select to map

**Address**

Maryland, USA

TEST

TEST

**City**

TEST

**State**

Maryland

**County**

TEST

**Zip**

00000

**Country**

TEST

**GeoLocation**

29.560923,-95.113783000

**SAMPLE**



**College/University and Focus**

TEST

**\*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 future career focus?**

Public Health Focus

**\*What is your future career setting? (Choose 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**

05/20/2024

**\*GPA Range: (EMURG/MCH-LEARN/Ferguson RISE)**

- 3.0 to 3.4
- 3.5 to 4.0

**\*Actual GPA: (EMURG/MCH-LEARN/Ferguson RISE)**

4.0

**\*Student Classification-Post-baccalaureate, i.e., your graduate year (EMURG/Ferguson RISE)**

2nd year

**\*Undergraduate Major (EMURG/Ferguson RISE)**

Public Health

**\*Graduate/Professional Program (EMURG/Ferguson RISE)**

Master of Public Health (MPH)

SAMPLE





**\*Please identify your area of concentration, check all that apply (EMURG/Ferguson RISE)**

- Anthropology
- Biology/Biological Sciences
- Biostatistics
- Business
- Chemistry
- Child and Adolescent Health
- Community Health Education
- Disaster Management & Emergency Preparedness
- Economics
- Education
- Engineering
- Environmental Health Sciences
- Epidemiology
- Food and Nutrition
- General Public Health
- Geography
- Global Health (e.g., international Public Health Management)
- Health Disparities
- Health Education
- Health Policy & Management
- Health Sciences
- Health Systems/Health Services Administration
- History
- Infectious Diseases
- International Studies
- Journalism
- Maternal and Child Health
- Mathematics
- Marketing
- Neuroscience
- Nursing
- Political Science
- Psychology
- Social and Behavior Sciences
- Women's and Reproductive Health
- Other

**SAMPLE**



## Housing & Transportation

**\*I will need housing for Center for Diversity orientation.**

- Yes
- No

**\*I will need housing for my Center for Diversity site location.**

- Yes
- No

**\*Do you have access to a vehicle that you can use during your Center for Diversity in Public Health Training experience? Monday-Friday**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- N/A

**\*I need access to parking at my Center for Diversity site location.**

- Yes
- No

Rank your top 3 preferred federal fellowship sites

**Administration for Children and Families**

--Please Select-- ▾

**Food and Drug Administration**

3 ▾

**Office of Minority Health**

--Please Select-- ▾

**Agency for Healthcare Research and Quality**

--Please Select-- ▾

**Health Resources and Services Administration**

2 ▾

**Substance Abuse and Mental Health Services Administration**

1 ▾

**Centers for Disease Control and Prevention**

--Please Select-- ▾

**Indian Health Services**

--Please Select-- ▾

**Other- Please indicate rank and describe:**

**Centers for Medicare and Medicaid Services**

--Please Select-- ▾

**National Institutes of Health**

--Please Select-- ▾

Choose your top 4 choices from the public health and research areas listed below

**Child Maltreatment (EMURG)**

--Please Select-- ▾

**Health Disparities (EMURG)**

--Please Select-- ▾

**Public Health Education (EMURG)**

--Please Select-- ▾

**Developmental Disabilities (EMURG)**

1 ▾

**Infectious Diseases (EMURG)**

3 ▾

**Public Health Informatics (EMURG)**

--Please Select-- ▾

**Emergency Preparedness (EMURG)**

--Please Select-- ▾

**Maternal and Child Health (EMURG)**

--Please Select-- ▾

**Public Health Policy (EMURG)**

4 ▾

**Epidemiology (EMURG)**

2 ▾

**Mental Health (EMURG)**

--Please Select-- ▾

**Substance Abuse (EMURG)**

--Please Select-- ▾

**Economics (EMURG)**

--Please Select-- ▾

**Drug Safety & Access (EMURG)**

--Please Select-- ▾

**SAMPLE**

Short Answers

**\*1. Describe how your identities and lived experiences have influenced your past community service, leadership, and research activities (250 word maximum).**

TEST



**\*2. How do you anticipate participating in this program/fellowship will help your future career goals? (250 word maximum)**

TEST

**\*3. List any achievements (i.e., honors or awards) (250 word maximum)**

TEST

## EMURG & Ferguson-RISE Essays

Questions 1 and 2 are short answer (250 word max)

**\*1. Describe how social determinants of health impact the prevention, treatment, and control of infectious or other diseases. (250 word maximum)**

TEST

**\*2. How do you see the attainment of your career goals contributing to public health? (250 word maximum)**

TEST

Questions 3 and 4 are essay questions (500 word max)

**\*3. Which health challenge(s) are you most interested in learning more about? (500 word maximum)**

TEST

**\*4. Describe your ideal public health project, include the population to be served, your method or strategy to be used, evidence or theory informing your method, and expected outcome. (500 word maximum) Please note: Your response to this essay question is hypothetical and is not necessarily related to your eventual public health research or project.**

TEST

## Curriculum Vitae or Resume and Transcript



PLEASE CHECK THE ACCURACY OF FILES UPLOADED.

**SAMPLE**

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

Choose File SAMPLE FOR TESTING PURPOSES ONLY.docx

Up to 25 MB

Below, attach your Unofficial University Undergraduate Transcript (PDF format).

Please ensure the transcript includes your name and the school name.

PLEASE NOTE: AN OFFICIAL UNDERGRADUATE TRANSCRIPT IS REQUIRED UPON ACCEPTANCE.

**\*University Undergraduate Transcript (PDF Format)**

Choose File SAMPLE FOR TESTING PURPOSES ONLY.docx

Up to 25 MB

Below, attach your Unofficial University Graduate Transcript (PDF format).

Please ensure the transcript includes your name and the school name.

PLEASE NOTE: AN OFFICIAL GRADUATE TRANSCRIPT IS REQUIRED UPON ACCEPTANCE.

**\*University Graduate Transcript**

Choose File SAMPLE FOR TESTING PURPOSES ONLY.docx

Up to 25 MB

## Referee Information

Two forms of recommendation from faculty at your previous or current university are required upon submission 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.

The deadline for receipt of recommendations for ALL programs is Tuesday, January 31, 2024 EXCEPT the Ferguson RISE (6-Month) Fellowship.

The deadline for receipt of recommendations for the Ferguson RISE (6-Month) Fellowship ONLY is Monday, November 28, 2023.

**Referee 1 Suffix (if applicable)**

M.D.

**\*Referee 1**

TEST TEST TEST

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

TEST

**\*Referee 1: Email**

TEST@GMAIL.COM

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS:

**\*Referee 1 Phone #**

000 000 0000 ext.

**Referee 2 Suffix (if applicable)**

Ph.D.

**\*Referee 2**

TEST TEST TEST 

**\*Referee 2: Institution/Organization**

TEST

**\*Referee 2: Email**

TEST@GMAIL.COM

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS

**\*Referee 2 Phone #**

000 000 0000 ext.

**Referee 3 Suffix (if applicable)**

MS

**Referee 3**

TEST TEST TEST

**Referee 3: Institution/Organization**

SAMPLE

TEST

**Referee 3: Email**

TEST@GMAIL.COM

**Referee 3 Phone #**

000 000 0000 ext.

## Emergency Contact

**\*Emergency Contact Name**

TEST TEST TEST

**\*Phone: Emergency Contact**

000 000 0000 ext.

**\*Address Lookup**

**Address**

Select to map

Maryland, USA

TEST

TEST

**City**

TEST

**State**

Maryland

**County**

TEST

**Zip**

00000

## 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

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 (e.g., 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 Diversity 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 (CenterforDiversity@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.

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

- Yes  
 No

**\*By typing your full name and providing your signature in the box using the cursor, 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 Diversity in Public Health Leadership Training send a copy of your referees' recommendations to you.**

**Name**

EMURG\_Fellowship

**SAMPLE**

**Signature**



Clear

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 'SUBMIT' (top right column).

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

EMURG\_Fellowship@kennedykrieger.org

**Disclaimers: Prior to submitting an application, be sure to review the Center for Diversity Website (<https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training>) which includes, *Program Descriptions, Eligibility Criteria, Program Activities, Application Guidelines/Sample Applications, Frequently Asked Questions, etc.***

**Prior to submitting an application, be sure to review the 2023 *Application Guidelines* webpage (<https://www.kennedykrieger.org/training/programs/center-for-diversity-in-public-health-leadership-training/application-guidelines>). Review the 2023 *Application Guidelines* in its entirety prior to accessing and completing an application. Be prepared to complete the application in a single session (2-hour maximum time allowed), as you will NOT be able to save the form and return to complete it later.**

**SAMPLE**



## COMPLETING ONLINE APPLICATION CHECKLIST:

- Carefully review the sample application
- Create the Word document so you can cut and paste into the online application.
  - a. The three (3) Short Answer responses are required (maximum 250-word limit per response).
  - b. The four (4) Essay Questions are required. Questions #1 and #2 (maximum 250-word response); Questions #3 and #4 (maximum 500-word response).
- Confirm the contact details of your two (2) faculty references (referees) are accurate.
  - a. Name, email, and phone number of two (2) faculty references (referees)
  - b. 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.
- Resume/Curriculum Vitae (PDF)
  - a. The file does not exceed 25MB.
  - b. Save the file as: *last name\_first name\_resume*
- Undergraduate transcript and Graduate transcript (PDF)
  - a. The file does not exceed 25MB.
  - b. Unofficial undergraduate transcript and graduate transcript include your name and the name of the college/university.
  - c. Undergraduate transcript
    - Saved file as: *last name\_first name\_ugtranscript*
  - d. Graduate transcript
    - Saved file as: *last name\_first name\_gradtranscript*

## APPLICATION LINK:

If you are ready to complete the EMURG Fellowship Application, [PLEASE CLICK HERE TO BEGIN](#). (Right-click on the TEXT LINK and select Copy Hyperlink, then paste the URL into one of the following browsers: Firefox or Google Chrome).

**You MUST complete the application in one session (2-hour maximum allowed). This form will NOT save and allow you to return to complete. Please review the accuracy of the completed application before submission. Program Staff will not make any changes to submitted applications. Once the entire application is completed, you can print it. Please be prepared to print your application or change your print options and print to a PDF for your records.**

Applications submitted AFTER the **deadline of Wednesday, January 31, 2024, 11:59 PM (EST)** will automatically be deleted from the system. All applications are automatically dated and time-stamped. If applying online poses a hardship, don't hesitate to get in touch with our office during business hours (9:00 AM to 5:00 PM EST) before the closing date for an alternate submission method (*Contact 443-923-5901; Email: [EMURG\\_Fellowship@kennedykrieger.org](mailto:EMURG_Fellowship@kennedykrieger.org)*).