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 **Friday, January 31, 2025, 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).

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 must have the following information and electronic documents saved and accessible on the computer. You will use these to upload or copy and paste them 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: As AI becomes more commonly used, it is of utmost importance that we read your unique words in the essays below. If you choose to use AI, other than grammar and spell-check purposes, please cite AI as a reference within the essay box.

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

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, <u>PLEASE CLICK HERE TO BEGIN.</u> (Right-click on the TEXT LINK and select Copy Hyperlink, then paste t h e 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 Friday, January 31, 2025, 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).

Center for Excellence 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.

As AI becomes more commonly used, it is of utmost importance that we read your unique words in the essays below. If you choose to use AI, other than grammar and spell check purposes, please cite AI as a reference within the essay box.

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

Preferred name (if different than name given at birth)

Pronouns:
They/Them

For which center program are you applying?
EMURG Health Equity Leaders Fellowship (12- month)

Date of Birth (DOB)
12/12/2003

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

Please confirm the information entered is correct.
Yes

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

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

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

Applicant Information

Date

10/04/2024

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

newsomm@kennedykrieger.org

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

newsomm@kennedykrieger.org

Phone: Preferred number

222-222-2222

Phone: Home

222-222-2222

Phone: Cell

222-222-2222

Gender

Not listed above

If not listed above, please write below how you identify your gender:

test

Sex assigned at birth:

Female

Do you consider yourself to be:

Not listed above

If not listed above, please specify:

test

Race (Please choose the best description of your race)

Multiracial (please specify)

Please specify race details:

test

Ethnicity (Hispanic or Latino/a)

No

If not listed above, please specify your ethnicity:

Primary language spoken at home

Not listed above

If not listed above, please indicate your primary language spoken at home:

test

Marital status:

Living with partner

Do you work full-time (>35 hours/week) while enrolled in college?

No

Do you have any dependents for which you provide financial support?

Yes

How many relatives do you provide financial support for?

2

First-Generation College Student?

No

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

N/A

Have you ever received free or reduced price lunch benefits?

Yes

Pell grant eligible?

Yes

I learned about the Center for Diversity in Public Health Leadership Program from the following (select all that apply):

College Professor
Email
EMURG Health Equity Fellowship website
Meeting
My University website
Presentation (s) at a conference

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

Yes

FAFSA EFC (Expected Family Contribution) score:

100.00

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

Yes

Accommodations

Other

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

Where is your permanent address?

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)
Address
716 North Broadway
City
Baltimore
State
Maryland
County
Baltimore City
Zip
21205
GeoLocation
39.299139,-76.5946834

> 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 (US)

Address

716 North Broadway

City

Baltimore

State

Maryland

County

Baltimore City

Zip

21205

GeoLocation

39.299139,-76.5946834

College/University and Focus

College/University

test

Minority Serving Institution

Not-Applicable

What is your future career focus?

Public Health Focus

What is your future career setting? (Choose your top 1 or 2 settings)

Federal/State/Local Agency
Non-Profit Setting

Have you received achievements (i.e., honors or awards)?

Yes

Do you have any volunteer community service experience?

3= More than 2 years

Have you participated in an advisory board role/club/committee/community organization?

3= President

Anticipated Graduation Date

05/05/2025

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

3.5 to 4.0

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

3.80

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)

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

Health Disparities

Housing & Transportation

I will need housing for Center for Excellence orientation in Baltimore.

Yes

I will need housing for my Center for Excellence site location.

Yes

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

Monday
Tuesday
Wednesday
Thursday
Friday

I need access to parking at my Center for Excellence site location.

Yes

Rank your top 4 preferred federal fellowship sites

1st preferred federal fellowship site:
Administration for Families and Children

2nd preferred federal fellowship site:
Agency for Healthcare Research and Quality

3rd preferred federal fellowship site:
Centers for Disease Control and Prevention

4th preferred federal fellowship site:
Centers for Medicare and Medicaid Services

Rank your top 5 choices from the public health & research areas listed below

Child Maltreatment:	**Infectious Diseases:**
Child & Adolescent Health	**Maternal Health:**
Strongly agree	Strongly agree
Developmental Disabilities:	**Mental Health:**
	Agree
Emergency Preparedness:	**Public Health Education:**
Epidemiology:	**Public Health Informatics:**
Economics:	**Public Health Policy:**
Neutral	
Health Disparities/equity:	**Substance Abuse:**
Strongly agree	

EMURG Skills Assessment

Scale:
1 – No or minimal experience: I have no/minimal experience with this skill
2 - Basic User: I have basic experience with this skill.
3 - Moderate User: I am comfortable with this skill and can navigate most functions independently.
4 - Advanced User: I have extensive experience with this skill and can troubleshoot most issues independently.
5 - Expert User: I am highly proficient in using this skill and have trained colleagues.

Epidemiology
5 - Expert User: I am highly proficient in using this skill and have trained colleagues.

Biostatistics:

1 – No or minimal experience: I have no/minimal experience with this skill

Informatics:

2 - Basic User: I have basic experience with this skill.

Laboratory Science (i.e.: advanced molecular detection, PCR, genomics, etc.):

3 - Moderate User: I am comfortable with this skill and can navigate most functions independently.

Survey design:

4 - Advanced User: I have extensive experience with this skill and can troubleshoot most issues independently.

Economics

1 – No or minimal experience: I have no/minimal experience with this skill

Policy

2 - Basic User: I have basic experience with this skill.

Clinical:

3 - Moderate User: I am comfortable with this skill and can navigate most functions independently.

Data Coding:

4 - Advanced User: I have extensive experience with this skill and can troubleshoot most issues independently.

Literature Review:

5 - Expert User: I am highly proficient in using this skill and have trained colleagues.

I am NOT interested in using this skill during my EMURG Health Equity Fellowship.

Economics

I am SLIGHTLY interested in using this skill during my EMURG Health Equity Fellowship

Laboratory Science (i.e.: advanced molecular detection, PCR, genomics, etc.)

I am INTERESTED in using this skill during my EMURG Health Equity Fellowship

Policy

I am VERY interested in using this skill during my EMURG Health Equity Fellowship

Literature Review

I am applying to the program specifically to use this skill during my EMURG Health Equity Fellowship

Clinical

Short Answers

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

test test

2. How do you anticipate participating in this program/fellowship will help your future career goals and contribute to the public health field? (250 word maximum)

test test

EMURG & Ferguson-RISE Essays

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

test test

2. Which health challenge(s) are you most interested in learning more about and why? (500 word maximum)

test test

3. 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 test

Curriculum Vitae or Resume and Transcript

PLEASE CHECK THE ACCURACY OF FILES UPLOADED.

Curriculum Vitae or Resume (PDF Format)
/document/download/filename/1728328874_52730_test.docx/

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

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

Be sure to include any community service/volunteering, awards/achievements, and relevant work experience you may have.

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

University Undergraduate Transcript (PDF Format)
/document/download/filename/1728328874_52732_test.docx/

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

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

Be sure to include any community service/volunteering, awards/achievements, and relevant work experience you may have.

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

University Graduate Transcript

/document/download/filename/1728328874_52734_test.docx/

Referee Information

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

An email will automatically be sent to each referee with instructions on how to submit a recommendation on your behalf. Al
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)

The deadline for receipt of recommendations for the Ferguson RISE (6-Month) Fellowship ONLY is Monday, November 28, 2

Referee 1 Suffix (if applicable)

Referee 1
EMURG Referee

Referee 1: Institution/Organization
test

Referee 1: Email
newsomm@knnedykrieger.org

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS:

Referee 1 Phone #
222-222-2222

Email Trigger- Ref 1
Email Sent
From: 1
To: newsomm@knnedykrieger.org
Subject:

EMURG Health Equity Leaders Fellowship (12- month) Letter of Recommendation Request for applicant, **EMURG Fellowship**

Body:

Dear EMURG Referee,

EMURG Fellowship, Applicant 2025 - Applicant ID: **604387** has requested a letter of recommendation from you for the **EMURG Health Equity Lead
month)** Program. The submission date for letters of recommendations is on or before January 31, 2025.

Please complete the recommendation form through the link provided:

https://apricot.socialsolutions.com/auth/autologin/org_id/1048/hash/c95367e5810c7fb43f67b54f8de0163edd60c357

The link will only open in one of the following browsers: Google Chrome or Mozilla FireFox (you may have to cut and paste t
browser).
You will need the Applicant's record ID, 604387 and email address, newsomm@kennedykrieger.org to complete the letter c

Please address the following characteristics in your letter of recommendation. The form provides a space to allow you to cut and paste (Ctl + V) you
850 WORDS. **Letters of recommendation must be completed in one on-line session.** You will **NOT** have the ability to save and return! Consider the
constructing your comments:

How long and in what capacity you have known the applicant
Qualities the applicant possesses (i.e., intellectual ability, cooperation, integrity, initiative in learning, communication--written and oral)
Applicant's strengths and areas for improvement
Overall strength of your endorsement (i.e., highest recommendation, highly recommended, recommend with confidence, recommended with reser

To submit the form, please click '**Submit'** (top right column on the page). You will not be able to save and return.

If you experience any problems completing the referee form simply copy and paste the form in an email, reference the Applicant Name and ID in the
to the appropriate program email address below:

PROGRAM	EMAIL ADDRES

James A. Ferguson Emerging Infectious Diseases RISE Fellowship **(Ferguson RISE Fellowship)**	Ferguson_Fellow
Maternal and Child Health Careers/Research Initiatives for Student Enhancement **(MCHC/RISE-UP)**	MCHC-RISE-UP@
Maternal Child Health-Leadership, Education, Advocacy, and Research Network **(MCH-LEARN)**	MCH-LEARN@Ke
Excellence in Mentorship of Under-Represented Groups (EMURG) for Health Equity Leaders Fellowship Program **(EMURG Fellowship)**	EMURG_Fellows

Thank you,

The Program Faculty

**This is an automatic message, please do not reply.

https://apricot.socialsolutions.com/document/edit/id/604387

Email Trigger- Ref 1 (Ferguson-RISE 6 month only)
Not Triggered

Referee 2 Suffix (if applicable)

Referee 2
EMURG Referee

Referee 2: Institution/Organization
test

Referee 2: Email
newsomm@kennedykrieger.org

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS

Referee 2 Phone #
222-222-2222

Email Trigger-Ref 2
Email Sent
From: 1
To: newsomm@kennedykrieger.org
Subject:

EMURG Health Equity Leaders Fellowship (12- month) Letter of Recommendation Request for applicant, **EMURG Fellowship**

Body:

Dear EMURG Referee,

EMURG Fellowship, Applicant 2025 - Applicant ID: **604387** has requested a letter of recommendation from you for the **EMURG Health Equity Lead month)** Program. The submission date for letters of recommendations is on or before January 31, 2025.

Please complete the recommendation form through the link provided:

https://apricot.socialsolutions.com/auth/autologin/org_id/1048/hash/c95367e5810c7fb43f67b54f8de0163edd60c357

The link will only open in one of the following browsers: Google Chrome or Mozilla FireFox (you may have to cut and paste t browser).
You will need the Applicant's record ID, 604387 and email address, newsomm@kennedykrieger.org to complete the letter

Please address the following characteristics in your letter of recommendation. The form provides a space to allow you to cut and paste (Ctl + V) you 850 WORDS. **Letters of recommendation must be completed in one on-line session.** You will **NOT** have the ability to save and return! Consider the constructing your comments:

How long and in what capacity you have known the applicant
Qualities the applicant possesses (i.e., intellectual ability, cooperation, integrity, initiative in learning, communication--written and oral)
Applicant's strengths and areas for improvement

Overall strength of your endorsement (i.e., highest recommendation, highly recommended, recommend with confidence, recommended with reser

To submit the form, please click '**Submit**' (top right column on the page). You will not be able to save and return.

If you experience any problems completing the referee form simply copy and paste the form in an email, reference the Applicant Name and ID in the
to the appropriate program email address below:

PROGRAM	EMAIL ADDRES
James A. Ferguson Emerging Infectious Diseases RISE Fellowship **(Ferguson RISE Fellowship)**	Ferguson_Fellow
Maternal and Child Health Careers/Research Initiatives for Student Enhancement **(MCHC/RISE-UP)**	MCHC-RISE-UP@
Maternal Child Health-Leadership, Education, Advocacy, and Research Network **(MCH-LEARN)**	MCH-LEARN@Ke
Excellence in Mentorship of Under-Represented Groups (EMURG) for Health Equity Leaders Fellowship Program **(EMURG Fellowship)**	EMURG_Fellows

Thank you,

The Program Faculty

**This is an automatic message, please do not reply.

https://apricot.socialsolutions.com/document/edit/id/604387

Email Trigger- Ref 2 (Ferguson-RISE 6 month only)
Not Triggered

Referee 3 Suffix (if applicable)

Referee 3

Referee 3: Institution/Organization

Referee 3: Email

Referee 3 Phone #

Emergency Contact

Emergency Contact Name
test test

Phone: Emergency Contact
222-222-2222

Address Lookup

Address
716 North Broadway

City
Baltimore

State
Maryland

County

Zip
21205
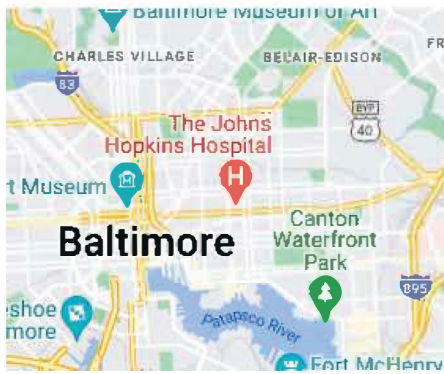
Consent and Application Acknowledgement

I agree to be contacted to help evaluate the need for summer public health leadership programs. Participation in an end of summer evaluation w

Yes

Please note that the information collected in this application has a dual purpose. First, information you provide via this sur agency for scholar selection and program evaluation. Second, after receiving your permission, information you provide w purposes (i.e., to test hypotheses about the effectiveness of program curricula and activities). Participation in this researc (or lack of permission) in this research will have no effect on your current or future relationship with the Center for Excellence Kennedy Krieger Institute. You may cancel your permission to use your information for research at any time by contacting (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 Be

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)

Yes

*By typing your full name and providing your signature in the box using the cursor, you acknowledge that the information contained in this appli of your ability. Further, please understand that you are waiving your right to request that the Center for Diversity in Public Health Tra recommendations to you.

Name

Test

Signature
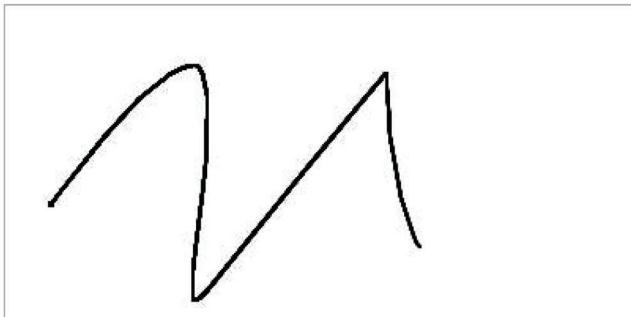
Witnessed By

Mackenzie Newsom on 10/07/2024 15:21 EDT

Carefully review your application for accuracy prior to submitting your application. The Program Office will not make revi 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/pr** **public-health-leadership-training) which includes,** *Program Descriptions, Eligibility Criteria, Program Activities, Application Guidelines/Samp* **Questions, etc.**

Prior to submitting an application, be sure to review the 2023 *Application Guidelines* **webpage (https://www.kennedykrieger.org/training/prog** **health-leadership-training/application-guidelines). Review the 2025** *Application Guidelines* **in its entirety prior to accessing and completing a** **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.**

Email Trigger-Confirmation
Email Sent
From: 1
To: newsomm@kennedykrieger.org
Subject:

Confirmation of Submission for **EMURG Health Equity Leaders Fellowship (12- month)** applicant, **EMURG Fellowship**

Body:

Dear **EMURG Fellowship** (Applicant ID: **604387**),

Thank you for your application to the **EMURG Health Equity Leaders Fellowship (12- month)**. Please retain this email as confirmation of your ap notifications will be emailed by the end of March 2025 for all programs except Ferguson-RISE Fellowship (6-month), which will be notified in ID: **604387** as your Applicant ID on all correspondences and submitted documents going forward.

Reminders: Two letters of reference from professors, clinical advisors, research advisors, teacher assistants, or academic advisors at your curre **REQUIRED**. The referee should use their professional or university email address. *A third referee is recommended (optional)*. Email requests w referees.

The deadline date for receipt of two (2) completed recommendation forms is as follows:

PROGRAM	LETTER OF RECOMMENDATION DEADLINES:
Ferguson-RISE Fellowship (6-MONTH)	**December 2nd, 2024**
Ferguson-RISE Fellowship (12-MONTH)	January 31st, 2025
Ferguson-RISE Fellowship (SUMMER)	January 31st, 2025
EMURG Health Equity Leaders Fellowship	January 31st, 2025
MCH-LEARN	January 31st, 2025
MCHC/RISE-UP	January 31st, 2025

*Please note: The Ferguson-RISE Fellowship (6-month) program has an earlier deadline than the other programs. If the applicant app **RISE Fellowship, please submit your letters or recommendation by the earliest deadline, if applicable.**

The program will not make any changes to submitted applications.

The applicant is responsible for ensuring the listed referees complete the recommendation form by the submission date indicated above. It is st with your referees to confirm that each referee has received the recommendation email with a link. You will receive notification when your ref submits your recommendation form.

If you experience any problems in completing your application, please email the appropriate program:

PROGRAM	EM
James A. Ferguson Emerging Infectious Diseases RISE Fellowship (Ferguson RISE Fellowship)	Ferg
Maternal and Child Health Careers/Research Initiatives for Student Enhancement (MCHC/RISE-UP)	MC

| Maternal Child Health-Leadership, Education, Advocacy, and Research Network (MCH-LEARN) | MC |
| Excellence in Mentorship of Under-Represented Groups (EMURG) for Health Equity Leaders Fellowship Program (EMURG Fellowship) | EM |

Thank you,

The Program Faculty

**This is an automatic message, please do not reply.

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