

## Maternal Child Health Careers/Research Initiatives for Student Enhancement - Undergraduate Program (MCHC/RISE-UP)

Thank you for your interest in the Maternal Child Health Careers/Research Initiatives for Student Enhancement - Undergraduate 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 MCHC/RISE-UP 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: Email: [MCHC-RISE-UP@kennedykrieger.org](mailto:MCHC-RISE-UP@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 complete it 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 instructions below 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 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: Just one is required. (maximum 250-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 it to complete later. THE SUBMIT 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 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).
- The First (1<sup>st</sup>) Essay Question is required. Then complete 1 of the 3 essays questions below Questions #2a, #2b & #2c (maximum 250-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*

## APPLICATION LINK:

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 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 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: Email: [MCHC-RISE-UP@kennedykrieger.org](mailto:MCHC-RISE-UP@kennedykrieger.org)*).

# 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.**

**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)**

Mackenzie Newsom

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

**Pronouns:**

She/Her/Hers

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

MCHC/RISE-UP

**Date of Birth (DOB)**

02/02/2002

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

Yes

**Please confirm the information entered is correct.**

Yes

## MCHC/RISE-UP Applicant Eligibility Screen

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

Yes

**2) Are you currently an active undergraduate junior, senior or a post-baccalaureate who graduated within 12 months of the start of MCHC/RISE-UP (last week of May)?**

Yes

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

No

## 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**

Gender Non-Binary

**Sex assigned at birth:**

Male

**Do you consider yourself to be:**

Heterosexual or straight

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

Black or African American

**Please specify race details:****Ethnicity (Hispanic or Latino/a)**

No

**If not listed above, please specify your ethnicity:****Primary language spoken at home**

Chinese (please specify)

**Chinese- please specify**

test

**Marital status:**

Married

**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?**

4

**First-Generation College Student?**

No

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

Second generation U. S. Citizen

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

test

**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:**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)

**Other website**

test

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

Yes

**FAFSA EFC (Expected Family Contribution) score:**

10.00

**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

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

test

**Name of personal assistant, if applicable**

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?**

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)**

**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 (Out of U.S)**

**Address**

716 North Broadway

**City**

Baltimore

**State**

Maryland

**County**

Baltimore City

**Zip**

21205

**Country**

United States

**GeoLocation**

39.299139,-76.5946834

College/University and Focus

**College/University**

test

**Minority Serving Institution**

Historically Black Colleges and Universities (HBCU)

**What is your future career focus?**

Academic 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

**Public Health Experience-- Please identify your public health experience by choosing one (1) of the categories.**

Enrichment: I am pursuing public health as a profession.

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

Yes

**Do you have any volunteer community service experience?**

2= One to two years

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

1= Member/Participant

**Anticipated Graduation Date**

10/04/2024

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

3.0 to 3.4

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

3.40

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

Junior

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

Professional Doctorate Degrees (MD, PharmD, DDS, DPT, DSW)

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

Health Education

### Site Preferences

**Site Preferences (MCHC/RISE-UP)**

University of California, Davis, CA

### Housing & Transportation

**I will need housing for Center for Diversity orientation in Baltimore.**

Yes

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

Yes

**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

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

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

Clinical

Research

Clinical Leadership Track ONLY:

Please rank your top 3 choices using the choices below:

Spine (occupational and physical therapy)

Interdisciplinary transition program

Speech

Physical therapy

Occupational therapy

Neuro-psychology







**MCHC/RISE-UP** Letter of Recommendation Request for applicant, **Mackenzie Newsom**

Body:

Dear Mackenzie Newsom,

**Mackenzie Newsom**, Applicant 2025 - Applicant ID: **604300** has requested a letter of recommendation from you for the **MCHC/RISE-UP** Program. 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](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 to browser).

You will need the Applicant's record ID, 604300 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 ADDRESS
James A. Ferguson Emerging Infectious Diseases RISE Fellowship ( <b>Ferguson RISE Fellowship</b> )	<a href="mailto:Ferguson_Fellow">Ferguson_Fellow</a>
Maternal and Child Health Careers/Research Initiatives for Student Enhancement ( <b>MCHC/RISE-UP</b> )	<a href="mailto:MCHC-RISE-UP@">MCHC-RISE-UP@</a>
Maternal Child Health-Leadership, Education, Advocacy, and Research Network ( <b>MCH-LEARN</b> )	<a href="mailto:MCH-LEARN@Ke">MCH-LEARN@Ke</a>
Excellence in Mentorship of Under-Represented Groups (EMURG) for Health Equity Leaders Fellowship Program ( <b>EMURG Fellowship</b> )	<a href="mailto:EMURG_Fellows">EMURG_Fellows</a>

Thank you,

The Program Faculty

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

<https://apricot.socialsolutions.com/document/edit/id/604300>

**Email Trigger- Ref 1 (Ferguson-RISE 6 month only)**

Not Triggered

**Referee 2 Suffix (if applicable)**

**Referee 2**

test test

**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:

**MCHC/RISE-UP** Letter of Recommendation Request for applicant, **Mackenzie Newsom**

Body:

Dear test test,

**Mackenzie Newsom**, Applicant 2025 - Applicant ID: **604300** has requested a letter of recommendation from you for the **MCHC/RISE-UP** Program. 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](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 it browser).

You will need the Applicant's record ID, 604300 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 ADDRESS
James A. Ferguson Emerging Infectious Diseases RISE Fellowship ( <b>Ferguson RISE Fellowship</b> )	<a href="#">Ferguson_Fellow</a>
Maternal and Child Health Careers/Research Initiatives for Student Enhancement ( <b>MCHC/RISE-UP</b> )	<a href="#">MCHC-RISE-UP@</a>
Maternal Child Health-Leadership, Education, Advocacy, and Research Network ( <b>MCH-LEARN</b> )	<a href="#">MCH-LEARN@Ke</a>
Excellence in Mentorship of Under-Represented Groups (EMURG) for Health Equity Leaders Fellowship Program ( <b>EMURG Fellowship</b> )	<a href="#">EMURG_Fellows</a>

Thank you,

The Program Faculty

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

<https://apricot.socialsolutions.com/document/edit/id/604300>

**Email Trigger- Ref 2 (Ferguson-RISE 6 month only)**

Not Triggered

**Referee 3 Suffix (if applicable)**

Ph.D.

**Referee 3**

test

**Referee 3: Institution/Organization**

test

**Referee 3: Email**

newsomm@kennedykrieger.org

**Referee 3 Phone #**

333-333-3333

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**

No

Please note that the information collected in this application has a dual purpose. First, information you provide via this survey is 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 (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 Training at the Kennedy Krieger Institute. You may cancel your permission to use your information for research at any time by contacting [CenterforDiversity@kennedykrieger.org](mailto: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) f**

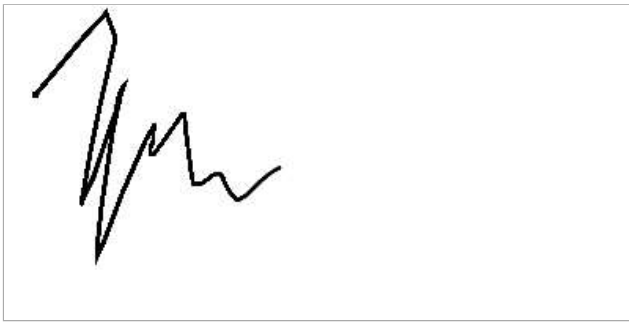
No

**\*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 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 make recommendations to you.**

test

Name

Signature



**Witnessed By**

Mackenzie Newsom on 10/04/2024 15:52 EDT

Carefully review your application for accuracy prior to submitting your application. The Program Office will not make revisions if 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:

[MCHC-RISE-UP@kennedykrieger.org](mailto:MCHC-RISE-UP@kennedykrieger.org)

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

**Prior to submitting an application, be sure to review the 2023 Application Guidelines webpage (<https://www.kennedykrieger.org/training/public-health-leadership-training/application-guidelines>). Review the 2023 Application Guidelines in its entirety prior to accessing and completing 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 **MCHC/RISE-UP** applicant, **Mackenzie Newsom**

Body:

Dear **Mackenzie Newsom** (Applicant ID: **604300**),

Thank you for your application to the **MCHC/RISE-UP**. Please retain this email as confirmation of your application submission. Acceptance not March 2025 for all programs except Ferguson-RISE Fellowship (6-month), which will be notified in January 2025. Use your Record ID: **6043** correspondences and submitted documents going forward.

Reminders: Two letters of reference from professors, clinical advisors, research advisors, teacher assistants, or academic advisors at your current institution are **REQUIRED**. The referee should use their professional or university email address. *A third referee is recommended (optional)*. Email requests will be processed through 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)	<b>November 28<sup>th</sup>, 2024</b>
Ferguson-RISE Fellowship (12-MONTH)	January 31 <sup>st</sup> , 2025

Ferguson-RISE Fellowship (SUMMER)	January 31 <sup>st</sup> , 2025
EMURG Health Equity Leaders Fellowship	January 31 <sup>st</sup> , 2025
MCH-LEARN	January 31 <sup>st</sup> , 2025
MCHC/RISE-UP	January 31 <sup>st</sup> , 2025

**\*Please note: The Ferguson-RISE Fellowship (6-month) program has an earlier deadline than the other programs. If the applicant applies for the 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 the applicant's responsibility to work with your referees to confirm that each referee has received the recommendation email with a link. You will receive notification when your referee submits your recommendation form.

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

PROGRAM	CONTACT
James A. Ferguson Emerging Infectious Diseases RISE Fellowship (Ferguson RISE Fellowship)	EM
Maternal and Child Health Careers/Research Initiatives for Student Enhancement (MCHC/RISE-UP)	MCHC
Maternal Child Health-Leadership, Education, Advocacy, and Research Network (MCH-LEARN)	MCH
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.

<https://apricot.socialsolutions.com/document/edit/id/604300>