

**Dr. James A. Ferguson Emerging Infectious Diseases Research Initiatives for Student Enhancement (RISE) Fellowship Program
Application Guidelines**

Thank you for your interest in the [Dr. James A. Ferguson Emerging Infectious Diseases-RISE 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 Ferguson-RISE 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.

Application Submission Dates

- **Ferguson RISE 6-Month Fellowship Applications due December 2, 2024 at 11:59 PM Eastern Standard Time! Including at least two letters of recommendation.** Ferguson RISE 6-Month Fellowship begins February 3rd. See [Ferguson RISE Fellowship website](#) for details.
- **Ferguson RISE Summer and 12-Month Fellowship Applications due February 7, 2025 at 11:59 PM Eastern Standard Time. Including at least two letters of recommendation.**

All applications are automatically dated and time-stamped.

IMPORTANT: Be prepared to complete the application in one session (**2-hour maximum time allowed**). 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 BELOW 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 two (2) Short Answer responses are required (maximum 250-word limit per response).
2. The three (3) Essay Questions are required. Questions #1 (maximum 250-word response); Questions #2 and #3 (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 FERGUSON-RISE 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 Ferguson-RISE Fellowship Program office.**

IMPORTANT: Please review the sample application before beginning the online application. 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:* Ferguson_Fellowship@kennedykrieger.org).

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 two (2) Short Answer responses are required (maximum 250-word limit per response).
 - b. The three (3) Essay Questions are required. Questions #1 (maximum 250-word response); Questions #2 and #3 (maximum 500-word response).
- Confirmed 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 Ferguson-RISE Fellowship Application, [PLEASE CLICK FERGUSON RISE FELLOWSHIP APPLICATION 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.

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 **Monday, December 2, 2024 for Ferguson RISE 6-Month Fellowship positions** or
- **Friday, February 7, 2025, 11:59 PM (EST) for Ferguson RISE Summer and 12-Month Fellowship positions** will be automatically deleted.

PLEASE NOTE: TWO LETTERS OF RECOMMENDATION MUST BE SUBMITTED BY THE DUE DATE FOR THE APPLICATION TO BE CONSIDERED COMPLETE!

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: Ferguson_Fellowship@kennedykrieger.org*).

BELOW IS A SAMPLE APPLICATION for your planning purposes ONLY!

Center for Excellence in Public Health Leadership Application

SAMPLE SAMPLE SAMPLE!!

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)

Ferguson Fellowship Test

For which center program are you applying?

Ferguson RISE Fellowship

Which Ferguson-RISE fellowship would you like to apply to? (select all that apply)

6-month
12-month
Summer

Date of Birth (DOB)

01/01/2000

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

Yes

Please confirm the information entered is correct.

Yes

Ferguson-RISE Applicant Eligibility Screen

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

Yes

Yes

2) If you are an active medical student, does your unofficial transcript/grades indicate that you are in good standing?

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.)

Ferguson_Fellowship@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.)

Test@gmail.com

Phone: Preferred number

111-111-1111

Phone: Home

111-111-1111

Phone: Cell

222-222-2222

Sex assigned at birth:

Female

Race (Please choose the best description of your race)

Black or African American

Please specify race details:

ADOS

Ethnicity (Hispanic or Latino/a)

No

If not listed above, please specify your ethnicity:

Primary language spoken at home

English

Marital status:

Living with partner

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

Yes

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

Yes

How many relatives do you provide financial support for?

1

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?

No

Pell grant eligible?

No

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

Email
Ferguson RISE Fellowship website
MCH LEARN
MCHC/RISE-UP website
Word of mouth (i.e., Friend, Classmate, Family Member, Program Alumni, Professor, Community Leader)

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

No

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.

Low vision

Thank you for sharing answers to the above items. 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.

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

1600 Pennsylvania Avenue Northwest

City

Washington

State

District Of Columbia

County

District of Columbia

Zip

20500

GeoLocation

38.8948949,-77.0371581

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

1600 Pennsylvania Ave
City
 Washington
State
 District Of Columbia
County
 District of Columbia
Zip
 20050
GeoLocation

College/University and Focus

College/University

Excellence University

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

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

10/04/2024

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)

7th year

Undergraduate Major (EMURG/Ferguson RISE)

Biology/Biological Science

Graduate/Professional Program (EMURG/Ferguson RISE)

Medicine

Site Preference

Rank your Top Three Choices:

1st Choice Site Preference (Ferguson-RISE)

Kennedy Krieger Institute/Johns Hopkins Medical Institutions/Maryland State Health Department

2nd Choice Site Preference (Ferguson-RISE)

CDC Satellite Sites (e.g., Alaska, Hawaii, Colorado, etc.)

3rd Choice Site Preference (Ferguson-RISE)

City University of New York (CUNY) School of Public Health

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 Leadership experience? Monday-Friday

Monday

Tuesday

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

Yes

Rank up to 5 of the following research areas that you would be willing to work

1. Advanced molecular detection

Strongly agree

2. Bioinformatics

Strongly agree

3. Cardiovascular Disease

4. Child Maltreatment

Strongly agree

5. Child Trauma

6. Clinical Research:

7. Developmental Disabilities

8. Early Intervention

9. Emergency Preparedness

10. Substance Abuse

11. Epidemiology

12. Health Disparities

13. Infectious Diseases

14. Laboratory Science

15. Local Health Department

Strongly agree

16. Mental Health

17. Policy

18. Health Disparities

19. Infectious Diseases

20. Laboratory Science

21. Local Health Department

22. Public Health Education

23. Public Health Informatics

24. State Health Department:

25. Waste water detection

Ferguson Skills Assessment

Based on my education, research and/or work experience, I have...

Scale:
1 - Very Limited: I have minimal experience with this software or technique
2 - Basic User: I have basic skills but only for simple tasks.
3 - Moderate User: I am comfortable with this application or technique and can navigate most functions independently.
4 - Advanced User: I have extensive experience with this technique or software and can troubleshoot most issues independently.
5 - Expert User: I am highly proficient in using this software or technique and have trained colleagues.

R statistical software

1 - Very Limited: I have minimal experience with this software or technique

Python

2 - Basic User: I have basic skills but only for simple tasks.

STATA

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

SPSS

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

SAS

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

Descriptive statistics

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

Multivariate analysis

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

PCR

2 - Basic User: I have basic skills but only for simple tasks.

DNA sequencing

2 - Basic User: I have basic skills but only for simple tasks.

Microbial bioinformatics

2 - Basic User: I have basic skills but only for simple tasks.

Molecular epidemiology/genomic epidemiology

2 - Basic User: I have basic skills but only for simple tasks.

Short Answers

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

Thank you for your question related to my lived experiences.

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)

This fellowship will advance my future career goals and contribute to the public health field.

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)

SDoH influence health outcomes.

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

All health challenges that lead to adverse outcomes.

3. Describe your ideal research project, including the public health challenge to be addressed, methods and expected results. Please note, if you are selected for the fellowship, your actual research project will be determined by your research mentor in collaboration with you. (500 word maximum)

My ideal research project would be amazing.

Curriculum Vitae or Resume and Transcript

PLEASE CHECK THE ACCURACY OF FILES UPLOADED.

Curriculum Vitae or Resume (PDF Format)

/document/download/filename/1728074402_52730_19911_2024UpdatedElectronicLetterhead_BW.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/1728074402_52732_19911_2024UpdatedElectronicLetterhead_Color.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/1728074402_52734_19911_2024UpdatedElectronicLetterhead_Color.docx/

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 Friday, February 7, 2025, EXCEPT the Ferguson RISE (6-Month) Fellowship.

Referee 1 Suffix (if applicable)

M.D.

Referee 1

Wonderful Mentor

Referee 1: Institution/Organization

Excellence University

Referee 1: Email

Ferguson_Fellowship@kennedykrieger.org

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS:

Referee 1 Phone #

333-333-3333

Email Trigger- Ref 1

Not Triggered

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

Not Triggered

Referee 2 Suffix (if applicable)

Ph.D.

Referee 2

Gracious Coach

Referee 2: Institution/Organization

Excellence University

Referee 2: Email

Ferguson_Fellowship@kennedyKrieger.org

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS

Referee 2 Phone #

444-444-4444

Email Trigger-Ref 2

Not Triggered

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

Emergency Contact

Phone: Emergency Contact

666-666-6666

Address Lookup

Address

1600 Pennsylvania Ave

City

Washington

State

District Of Columbia

County

District of Columbia

Zip

20050

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

Please note that the information collected in this application has a dual purpose. First, information you provide via this survey is required by the funding agency for scholar selection and program evaluation. Second, after receiving your permission, information you provide will be used for research purposes (i.e., to test hypotheses

about the effectiveness of program curricula and activities). Participation in this research is voluntary. Your permission (or lack of permission) in this research will have no effect on your current or future relationship with the Center for Excellence in Public Health Leadership at Kennedy Krieger Institute. You may cancel your permission to use your information for research at any time by contacting Dr. Harolyn Belcher (CenterforExcellence@kennedykrieger.org). Your cancellation will not affect information already collected.

This study has been reviewed and approved by the Johns Hopkins Medical Institutional Review Board. IRB00398423 PI Harolyn Belcher

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

***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 Excellence in Public Health Leadership Training send a copy of your referees' recommendations to you.**

Name

Ferguson Test

Signature



Witnessed By

Harolyn Belcher on 10/04/2024 16:40 EDT

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:

Ferguson_Fellowship@kennedykrieger.org

Disclaimers: Prior to submitting an application, be sure to review the **Center for Excellence Website** (<https://www.kennedykrieger.org/training/programs/center-for-excellence-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 2025 Application Guidelines webpage (<https://www.kennedykrieger.org/training/programs/center-for-excellence-in-public-health-leadership-training/application-guidelines>). Review the **2025 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.

Email Trigger-Confirmation

Not Triggered

