

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 **February 7 at 11:59 PM Eastern Standard Time**. Applications submitted **AFTER Friday, February 7, 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 MCHC-RISE-UP@kennedykrieger.org with any questions).

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 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: 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 to it to complete later. THE SUBMIT BUTTON SUBMITS COMPLETED APPLICATIONS TO THE MCHC RISE-UP 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 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

Center for Excellence in Public Health Leadership 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.

Sample

Choose Center Program

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

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

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

***Date of Birth (DOB)**

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

- Yes
 No

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

- Yes
 No

MCHC/RISE-UP Applicant Eligibility Screen

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

- Yes
 No

***2) Are you currently an 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
- No

Applicant Information

***Date**

10/09/2023

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

percyj@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.)**

jpercy@eagles.nccu.edu

***Phone: Preferred number**

301 615 2183 ext.

***Phone: Home**

803 748 7659 ext.

***Phone: Cell**

443 923 5879 ext.

Sex assigned at birth:

Female

Sample

***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:

***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

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

- Yes
- No

***Pell grant eligible?**

- Yes
- No

***I learned about the Center for Excellence 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.

Sample

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

No

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

716 N Broadway, Baltimore, MD 21205, USA

Address

716 N Broadway

Line 2

City

Baltimore

State

Maryland

County

Baltimore

Zip

21215

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 (US)**

Select to map

No results found

Address

Line 1

Line 2

City

City

State

--Please Select--

County

County

Zip

GeoLocation

29.560923,-95.113783000

This field is required.

College/University and Focus

***College/University**

Morgan State University

***Minority Serving Institution**

- Historically Black Colleges and Universities (HBCU)
- Hispanic-serving
- Asian-serving
- Tribal Colleges and Universities
- Other Minority-serving
- Not-Applicable

Sample

***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

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

- Exposure: I have little to no exposure to the field of public health and/or work on health disparities.
- Engagement: I am considering pursuit of public health in the context of another health related discipline e.g., MD, DO, RN, DDS, Social Work, etc.
- Enrichment: I am pursuing public health as a profession.

***Anticipated Graduation Date**

05/10/2025

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

- 2.7 to 2.9
- 3.0 to 3.4
- 3.5 to 4.0

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

3.89

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

Rising Junior

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

- Bachelor's Degree
 Master Public Health Degree
 Other Master's Degrees
 Doctorate Degree (e.g. PhD, DrPH)
 Professional Doctorate Degrees (MD, PharmD, DDS, DPT, DSW)

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

Site Preference

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

- Kennedy Krieger Institute/Johns Hopkins University, Baltimore, MD
 University of South Dakota/Sanford School of Medicine Center for Disability, Sioux Falls, SD
 University of California, Davis
 Aaniiih Nakoda College

Sample

Housing & Transportation

***I will need housing for Center for Excellence orientation.**

- Yes
 No

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

- Yes
 No

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

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 N/A

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

- Yes
 No

MCH-LEARN & MCHC/RISE-UP Leadership Tracks

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

- Clinical
 Community
 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
- Behavior psychology
- Nutrition
- Social work
- Medicine

***1st Choice**

Nutrition

***2nd Choice**

Behavior psychology

***3rd Choice**

Medicine

Sample

Short Answers

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

This serves as a test

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

This serves as a test

MCHC/RISE-UP Essays

***ESSAY QUESTION 1: Why is taking a public health approach important to achieve health equity? (250 word maximum)**

This serves as a test

Please complete 1 of the 3 essays questions below.

ESSAY QUESTION 2a: (Clinical) How would you use a public health approach to address a Maternal

Health disparities, Child and youth Health and wellness and/or an area of developmental disability? (250,

Notes

ESSAY QUESTION 2b: (Community Engagement and Advocacy) Discuss how leadership impacts public health practice and policy in the community. (250 words or less)

This serves as a test

ESSAY QUESTION 2c: (Research) What do you believe is (are) the most important public health challenge(s)? Why did you choose this (these) challenge (s) and how would you solve it (them)? (250 words or less)

Notes

Curriculum Vitae or Resume and Transcript

PLEASE CHECK THE ACCURACY OF FILES UPLOADED.

*Curriculum Vitae or Resume (PDF Format)

No file chosen

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)

No file chosen

Up to 25 MB

Sample

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)

Ph.D.

*Referee 1

Test Middle Test

*Referee 1: Institution/Organization

North Carolina State University

*Referee 1: Email

Test@gmail.com

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS:

*Referee 1 Phone

123 456 7890 ext.

Referee 2 Suffix (if applicable)

MS

*Referee 2

Test2 Middle Test2

*Referee 2: Institution/Organization

North Carolina Central University

*Referee 2: Email

test2@gmail.com

PLEASE CHECK ACCURACY OF REFEREE EMAIL ADDRESS

***Referee 2 Phone #**098 765 4321 ext. **Referee 3 Suffix (if applicable)**BS **Referee 3**

Test3 Middle Test3

Referee 3: Institution/Organization

Kennedy Krieger

Referee 3: Email

Test3@gmail.com

Referee 3 Phone #654 321 9870 ext.

Sample

Emergency Contact***Emergency Contact Name**

Test Middle Test

Phone: Emergency Contact**803 748 7659 ext. ***Address Lookup*Address**

123 Test

Line 2

City

Baltimore

StateMaryland **County**

Baltimore

Zip21239

Select to map

Northwood, MD 21239, USA

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 (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.

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

Name

Jamal Percy

Signature

A handwritten signature in black ink, appearing to read 'Jamal Percy', is overlaid on a large, semi-transparent teal word 'Sample'.

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:

MCHC-RISE-UP@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.



Maryland Center for Developmental Disabilities
at Kennedy Krieger Institute
Building Partnerships. Changing Lives.

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).
- The First (1st) 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 Ferguson-RISE 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.

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