

# Scholars in Health Policy Research: 2012 Application

## Applicant Evaluation \*

\* Indicates required

You are required to submit three confidential references (**One of the three reference writers MUST be your dissertation chair**) as part of the application process.

When you use the "invite" link below, an email message will be sent to the reference which will include login information and instructions for submitting their Applicant Evaluation electronically. You can personalize the email. Once the reference writer logs in, they will have access to complete instructions for completing your Applicant Evaluation.

Applicants are urged to actively track the status of the submission of required Applicant Evaluations.

- If a reference is no longer able to fulfill their obligation within the stated timeframe, you may "Remove" that reference and "Invite" another.
- Please return to this section by October 1, 2012 to monitor that Applicant Evaluations are submitted or if not, send reminders to ensure references are received by October 16, 2012 (3:00 p.m. ET).

Invite up to 3 people, 3 are required.

Name	Email Address	Date Invited	Status
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# Scholars in Health Policy Research: 2012 Application

## Preliminary Application Questions \*

\* Indicates required

Please answer the following questions to determine if you are eligible to apply for the RWJF Scholars in Health Policy Research Program:

### Primary Discipline

1. Primary discipline \*

Please choose one of the following responses:

Economics  
Political Science  
Sociology

2. Have you completed or will you complete a doctoral degree between January 1, 2008 and July 15, 2013? \*

Yes  No

3. Is your doctoral degree in one of the following disciplines: Economics, Political Science, or Sociology? \*

Yes  No

4. Are you a U.S. citizen or permanent resident? \*

Yes  No

5. Are you related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation? Are you a descendant of General Robert Wood Johnson? Does either question apply to you? \*

Applicants ultimately benefiting from an award cannot be related to any officer\*\* or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder.

\*\*Officers are the Chairman of the Board of Trustees; President and CEO; Chief of Staff; General Counsel, Secretary; and Assistant Secretary of the Foundation.

Yes  No

6. Please indicate the name(s) of the person/people to whom you are related in question 5. \*

7. How did you hear about the RWJF Scholars in Health Policy Research (SHPR) Program? \*

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Alumni                | <input type="checkbox"/> Director of Graduate Studies |
| <input type="checkbox"/> Current Scholar       | <input type="checkbox"/> Brochure/postcard            |
| <input type="checkbox"/> Faculty mentor        | <input type="checkbox"/> Program website              |
| <input type="checkbox"/> NAC member            | <input type="checkbox"/> RWJF website                 |
| <input type="checkbox"/> Department chair      | <input type="checkbox"/> Conferences (specify below)  |
| <input type="checkbox"/> Placement advisor     | <input type="checkbox"/> Journal Ad (specify below)   |
| <input type="checkbox"/> Other (specify below) |   |

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# Scholars in Health Policy Research: 2012 Application

## Applicant Contact Information \*

\* Indicates required

Provide applicant contact information as requested below.

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".

### Applicant \*

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
Prefix	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>
Degree *	<input type="text"/>
Institution *	<input type="text"/>
Current Position *	<input type="text"/>
Department	<input type="text"/>
Address (line 1) *	<input type="text"/>
Address (line 2)	<input type="text"/>
City *	<input type="text"/>
Country *	<input type="text"/>
State / Territory *	<input type="text"/>
Zip / Postal Code *	<input type="text"/>
Phone Number *	<input type="text"/>
Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>
Fax Number	<input type="text"/>
Website URL	<input type="text"/>

**Applicant (Alternate Address) - Optional**

Provide alternate address if different from above (e.g. home address, etc.)

Type (e.g. home, organization) *	<input type="text"/>
Address *	<input type="text"/>
Address (line 2) *	<input type="text"/>
City *	<input type="text"/>
State / Province / Territory *	<input type="text"/>
Zip / Postal Code *	<input type="text"/>
Phone Number *	<input type="text"/>

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# Scholars in Health Policy Research: 2012 Application

## Education \*

\* Indicates required

### PhD Degree

Please list your terminal (PhD) degree: If you have not yet completed a degree, but will by 2013, enter the information below and use your expected graduation year as the end date for your degree.

1. Name of Institution \*

2. City \*

3. State/Territory \*

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska

Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

4. Years Attended \*

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:  [ MM/DD/YYYY ]    Finish:  [ MM/DD/YYYY ]

5. Field of study \*

6. Degree \*

7. Title of dissertation: \*

8. Dissertation chair name: \*

### Educational Background

Beginning with undergraduate education, list chronologically all schools attended:

#### Education 1

9. Name of Institution \*

10. City \*

11. State/Territory \*

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho

Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

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12. Field of study \*

13. Degree \*

14. Years Attended \*

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:  [ MM/DD/YYYY ] Completed:  [ MM/DD/YYYY ]

## Education 2

15. Name of Institution

16. City

17. State/Territory

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa

Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

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18. Field of study

19. Degree

20. Years Attended

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:  [ MM/DD/YYYY ] Completed:  [ MM/DD/YYYY ]

### Education 3

21. Name of Institution

22. City

23. State/Territory

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine

Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

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24. Field of study

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25. Degree

26. Years Attended

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:  [ MM/DD/YYYY ] Completed:  [ MM/DD/YYYY ]

## Education 4

27. Name of Institution

28. City

29. State/Territory

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan

Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

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30. Field of study

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31. Degree

32. Years Attended

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:  [ MM/DD/YYYY ] Completed:  [ MM/DD/YYYY ]

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## Education 5

33. Name of Institution

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34. City

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35. State/Territory

Please choose one of the following responses:

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri

Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
American Samoa  
Federated States of Micronesia  
Guam  
Marshall Islands  
Northern Mariana Islands  
Palau  
Puerto Rico  
U.S. Virgin Islands  
Other

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36. Field of study

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37. Degree

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38. Years Attended

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

Start:

[ MM/DD/YYYY ]

Completed:

[ MM/DD/YYYY ]

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# Scholars in Health Policy Research: 2012 Application

## Experience

\* Indicates required

### Experience 1

Academic, research and/or professional experience (if applicable): List up to 10 academic, research and/or professional positions in reverse chronological order without gaps. Begin with the **most recent** experience.

Descriptions are limited to 250 characters including spaces.

1. Name of institution

2. Position/Title

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

3. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

4. Brief description

### Experience 2

5. Name of institution

6. Position/Title

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

7. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

8. Brief description

### Experience 3

9. Name of institution

10. Position/Title

*If you do not know the exact day, enter the first day of the month and year. (e.g. 01/01/2001).*

11. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

12. Brief description

## Experience 4

13. Name of institution

14. Position/Title

15. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

16. Brief description

## Experience 5

17. Name of institution

18. Position/Title

19. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

20. Brief description

### Experience 6

21. Name of institution

22. Position/Title

23. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

24. Brief description

### Experience 7

25. Name of institution

26. Position/Title

27. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

28. Brief description

**Experience 8**

29. Name of institution

30. Position/Title

31. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

32. Brief description

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## Experience 9

33. Name of institution

34. Position/Title

35. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

36. Brief description

## Experience 10

37. Name of institution

38. Position/Title

39. Dates

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

40. Brief description

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# Scholars in Health Policy Research: 2012 Application

## Activities and Publications

\* Indicates required

### Awards & Honors 1

List up to five awards and honors you have received in the course of your training or work. (OPTIONAL)

1. Title of Award

2. Awarded

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

 [ MM/DD/YYYY ]

3. Brief Description

### Awards & Honors 2

4. Title of Award

5. Awarded

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

 [ MM/DD/YYYY ]

6. Brief Description

**Awards & Honors 3**

7. Title of Award

8. Awarded

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

[ MM/DD/YYYY ]

9. Brief Description

**Awards & Honors 4**

10. Title of Award

11. Awarded

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

[ MM/DD/YYYY ]

12. Brief Description

**Awards & Honors 5**

13. Title of Award

14. Awarded

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

[ MM/DD/YYYY ]

15. Brief Description

**Professional Membership**

**Professional Membership 1**

List up to five memberships in professional associations. Please do not use acronyms. (OPTIONAL)

16. Name of Association

17. Dates of membership

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

### Professional Membership 2

18. Name of Association

19. Dates of membership

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

### Professional Membership 3

20. Name of Association

21. Dates of membership

*If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).*

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

### Professional Membership 4

22. Name of Association

23. Dates of membership

If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

### Professional Membership 5

24. Name of Association

25. Dates of membership

If you do not know the exact day enter the first day of the month and year. (e.g. 01/01/2001).

From:  [ MM/DD/YYYY ] To:  [ MM/DD/YYYY ]

### Publications

Beginning with your **most recent work**, list up to 10 scholarly works published in the last three (3) years in journals, books or special monographs including those now in press or under review. Please submit FULL citations that clearly list the order of authorship for each publication. You may cut and past citations from your CV. Skip a line after each citation. **Please note that this entry box accepts text only and formatting such as bold or italics will not be retained and is not required.**

(OPTIONAL)

26. Publications

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# Scholars in Health Policy Research: 2012 Application

## Personal Statement \*

\* Indicates required

1. Dissertation Summary: In 2,100 characters or less (this includes spaces and punctuation), summarize your dissertation research in terms that a broad audience would understand. \*

*Required*

2. Interest in Health Policy Research \*

Please describe the reasons why you are interested in adding or substantially expanding health policy research within your research portfolio at this point in your professional development (please do NOT repeat information about your dissertation that you have already provided). Be sure to include how pursuing research in health policy might help you to accomplish your career goals. Limit your response to 2,100 characters (this includes spaces and punctuation).

*Required*

3. Intellectual objectives \*

Please describe one or more analytical questions in health policy that interest you and that you may currently anticipate investigating as a participant in the Program. Explain what analytical perspective you would bring to the analysis and how your approach could enhance the understanding of the issue(s) by health policy specialists, policy makers, and the public. Also, please describe specific ways in which you expect that your analysis could be strengthened by your overall participation in the Program and by incorporating the perspectives of the other two social science disciplines represented in the Program. **This essay should NOT be a research proposal nor a recitation of your dissertation.** Limit your responses to 2,100 characters (this includes spaces and punctuation).

*Required*

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<div data-bbox="158 134 1173 344" style="border: 1px solid black; height: 94px; width: 636px;"></div> <hr style="border-top: 1px dotted black;"/> <div data-bbox="95 481 1500 551" style="border: 1px solid black; height: 31px;"></div>
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# Scholars in Health Policy Research: 2012 Application

## Sites

\* Indicates required

All applications will be considered by the three universities currently accepting Scholars. If you wish to limit your choice due to personal or family considerations, please indicate below.

1. Harvard University \*

- I wish to be considered at this site  
 I do NOT wish to be considered at this site (please state reason below)

2. University California, Berkeley/UCSF \*

- I wish to be considered at this site  
 I do NOT wish to be considered at this site (please state reason below)

3. University of Michigan \*

- I wish to be considered at this site  
 I do NOT wish to be considered at this site (please state reason below)

4. Reason:

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# Scholars in Health Policy Research: 2012 Application

## Writing Sample \*

\* Indicates required

All documents must be converted to PDF format prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to PDF, refer to the Applicant Guide (see link on the left), "Upload a Document" section.

To prepare, upload and submit the required document:

- Review the description below before uploading your writing sample.
- Use 12 point font, double spacing, and one inch margins all around. Include your name (last name, first name) in the header.
- Convert the document to a PDF (Note: There is no template for this section).
- Upload PDF per instructions in the Applicant Guide, Uploading a Document section (link on left navigation bar).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. The uploaded document may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
<p><b>Writing Sample *</b></p> <p>Submit a writing sample that is authored <b>solely</b> by you, and that you consider to be representative of your best writing, research, and analytical abilities. The writing sample need not be health-oriented and may be a chapter from your doctoral dissertation, a journal article, a paper currently under journal review or other unpublished work. The document must not exceed the equivalent of 25 double-spaced pages of text in 12 point font. The writing sample must format to 8 1/2" x 11" paper and be solo-authored. The sample must be submitted electronically as one file in Adobe Acrobat (PDF) format.</p> <p><i>Required</i></p>		

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# Scholars in Health Policy Research: 2012 Application

## Personal References \*

\* Indicates required

Enter contact information for three references who can comment on your qualifications for the Scholars Program. **One of the three reference writers MUST be your dissertation chair** (i.e. the person responsible for supervising your dissertation research) unless you can justify why an exception to this requirement is needed.

All recommendations must be completed by the application deadline of October 16, 2012 by 3:00 pm (EST). Before you input contact information, you should contact your references, confirm that they are able to provide a recommendation and inform them that they will receive an email notification outlining how to submit their recommendations.

*To save a partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".*

### Reference #1 \*

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
Prefix	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name or Initial	<input type="text"/>		
Last Name *	<input type="text"/>		
Suffix	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Phone Number	<input type="text"/>	Ext.	<input type="text"/>

### Reference #2 \*

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
Prefix	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>

Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Phone Number	<input type="text"/>	Ext.	<input type="text"/>

**Reference #3 \***

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
Prefix	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name or Initial	<input type="text"/>		
Last Name *	<input type="text"/>		
Suffix	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Phone Number	<input type="text"/>	Ext.	<input type="text"/>

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# Scholars in Health Policy Research: 2012 Application

## Polls and Surveys \*

\* Indicates required

Please respond to the question below to let us know if there are to be any polls or surveys that will be a part of this proposed project.

**Note:** RWJF-funded surveys must conform to the [Code of Professional Ethics and Practices](#) of the American Association for Public Opinion Research (AAPOR).

All grantees conducting a survey will be expected to fill out two survey forms, describing their [Survey Design](#) and [Survey Results](#). Links to both survey forms will be emailed to the project director 30 days after the grant start date.

A survey is defined as any quantitative study of human populations that has the following characteristics:

1. The population to be studied is defined.
2. A representative sample is selected from this population.
3. Characteristics of this sample are measured.
4. Sample statistics are calculated.
5. Inferences are made from the sample statistics to the population parameters of interest.

The following types of research do **not** constitute survey research: focus groups, specialized interviewing, additional analysis of a previously fielded survey, laboratory or other experiments.

For additional information, please read the [RWJF Guidelines for Funding and Releasing Polls and Surveys](#).

**Poll and Survey FAQs are available [here](#).**

1. Will any polls or surveys be conducted as part of this proposed project? \*

*If you are unsure if your proposed project will contain a poll or survey, please select "Yes" at this time.*

Yes     No

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