Eligibility*

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This section is designed to determine if you are eligible for the Health Policy Research Scholars program.

Respond to the questions below to determine if you meet these requirements.

* Indicates required

The Health Policy Research Scholars program is open to full-time students who are from populations underrepresented in specific doctoral disciplines and/or historically marginalized backgrounds whose racial, socioeconomic, ability status and personal factors allow them to bring unique and diverse perspectives to their research. Applicants will typically be in their first year of doctoral studies, **must be starting the second year of their doctoral program in fall 2023** and be from any research-focused discipline. HPRS is especially interested in doctoral students from non-health-related disciplines.

Examples of eligible individuals from historically marginalized backgrounds include, but are not limited to, first-generation college graduates, individuals from lower socioeconomic backgrounds, individuals from racial and ethnic groups underrepresented in doctoral programs, and individuals with disabilities.

Prior experience or knowledge in health policy is not required or expected. Rather, the program is designed for doctoral students from a variety of disciplines (e.g., urban planning, political science, economics, engineering, ethnography, education, social work, etc.), who are interested in learning to apply their research to health policy. Students from health-related disciplines are welcome to apply, but will likely comprise a limited portion of the selected cohort.

historically marginalized.* Select all that apply. Racial or ethnic background Educational background Financial background Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* Yes, starting as a full-time second-year doctoral student	1. Please specify how your background is underrepresented in discipline and/or
Racial or ethnic background Educational background Financial background Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* Yes, starting as a full-time second-year doctoral student	historically marginalized.*
□ Educational background □ Financial background □ Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* ○ Yes, starting as a full-time second-year doctoral student	Select all that apply.
□ Educational background □ Financial background □ Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* ○ Yes, starting as a full-time second-year doctoral student	Racial or ethnic background
☐ Financial background ☐ Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* ☐ Yes, starting as a full-time second-year doctoral student	
Other background (e.g., ability/disability, immigrant, etc.) (please specify) 2. Will you be starting your second year as a full-time doctoral student in September of 2023?* Yes, starting as a full-time second-year doctoral student	
2. Will you be starting your second year as a full-time doctoral student in September of 2023?* Yes, starting as a full-time second-year doctoral student	☐ Financial background
September of 2023?* Yes, starting as a full-time second-year doctoral student	Other background (e.g., ability/disability, immigrant, etc.) (please specify)
O No, not starting as a full-time second-year doctoral student	September of 2023?*

3. Is your expected graduation date during or after spring/summer, 2026?*
○ Yes ○ No
4. Will you be at least 21 years old by September 1, 2023?* Yes
○ No
5. Applicants must be U.S. citizens, permanent residents, or individuals granted Deferred Action for Childhood Arrivals ("DACA") Status or Temporary Protected Status (TPS) by the U.S. Citizenship and Immigration Services at the time of application. Do you fit the eligibility criteria described above?* If you select "No," you will not be eligible for the program.
○ Yes
○ No
Staff; Chief Operating Officer; General Counsel; Executive Vice President; Secretary; Assistant Secretary; Treasurer; and Assistant Treasurer, and Chief Investment Officer of the Foundation. Yes No
7. If "Yes" was selected in the question above, please indicate the name(s) of the person/people to whom you are related and your relationship (e.g., child, parent, daughter-in-law).* If you selected "No" for question #6, you will skip this question.
Q.o
Federal, state, tribal, and local government employees who are not considered government officials* under Section 4946 of the Internal Revenue Code are eligible for this program.
* For these purposes, government officials are defined as any person who holds one of the following:
 An elective public office in the executive or legislative branch of the Government of the United States, An office in the executive or judicial branch of the Government of the United States,
appointment to which was made by the President,

- 3. A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules, or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code,
- 4. A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more.
- 5. An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, tribe, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policy-making functions.
- 6. A position as personal or executive assistant or secretary to any of the foregoing, or
- 7. A member of the Internal Revenue Service Oversight Board.

8. Are you a government official under Section 4946 of the Internal Revenue Code? *
○ Yes, I am a government official.
O No, I am not a government official.
O Unsure. I am a government employee but am unsure if I meet the definition of government official.
9. Please provide your job title and employer name.* If you selected "No" for question #8, you will skip this question.
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Applicant Key Contact Information *

(i) Instruction:

Complete the "HPRS Applicant" information below prior to inviting your references in the "Reference" section.

This section collects information required for us to contact you throughout the application process and in other ways consistent with our Privacy Policy.

- Please enter all required contact information for the applicant (including home contact information).
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy" feature to copy completed institutional and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.

You may use the "Select contact information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will be prepopulated with the required data. If that occurs, please be sure to proofread the information to ensure that it is accurate and current. Feel free to edit as needed. Use this link to learn more about this feature. If instead, you prefer to manually enter all the required information below, you may do so.

Health Policy Research Scholars (HPRS) Applicant *

This is the student who will be the Health Policy Research Scholar. This student will be the primary recipient of all key Foundation correspondence: copy of award notice, post-award financial and monitoring, and grant closure. Additionally, this student may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback. Note: "Applicant's Home Institution" is the doctoral-degree-conferring institution. Type the degrees you already have (e.g, BA, MPH) in the "Degree" box.

	* Indicates required
College/University Email *	maleutes required
Confirm College/University Email *	
Prefix	
First Name *	

Middle Name or Initial	
Last Name *	
Suffix	
Degree(s)	
Applicant's Home Institution *	
Department	
Applicant Address *	
Applicant Address *	
Applicant Address (line 2)	
Applicant Address (line 1)	
CANO	
Applicant City *	
Applicant Home County *	
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Applicant State / Territory *	
A X	
Applicant Zip / Postal Code *	
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Applicant Primary Phone Number *	

Phone Ext.
Applicant Cell Number
Website URL
HPRS Applicant's Permanent Address
If the HPRS applicant's permanent address is different from the HPRS applicant address above, please complete this section.
* Indicates required
Secondary Email *
Confirm Secondary Email *
First Name *
60.65
Middle Name or Initial
Last Name *
Address *
Address (line 2)
City *
Country

State / Territory *	
State / Territory	
Zip / Postal Code *	
•	
Phone Number *	
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Call Blooms	
Cell Phone	
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Alternate Contact *	· V
Alternate contact information in the event the Foundat provided on this application. By providing this contact the HPRS national program center to contact this personal. Email * Confirm Email *	information, you authorize the Foundation and
Confirm Email *	
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First Name *	
41.01	
4 7 0	
Middle Name	
Last Name *	
Phone Number *	
i none number	

Extension	
Extension	
Cell Phone	
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Home Institution Mentor*

(i) Instruction:

Provide information for the contact listed below.

- Please enter all required information for the home institution mentor.
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy feature" to copy completed institutional and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.

You may use the "Select contact information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will be prepopulated with the required data. If that occurs, please be sure to proofread the information to ensure that it is accurate and current. Feel free to edit as needed. Use this link to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Home Institution Mentor *

The HPRS home institution mentor (required) will be responsible for the Health Policy Research Scholar's academic support and career guidance at the scholar's home institution. Review page 6 of the Call for Applications (under Resources on the left side of the screen) for more details about the home institution mentor's responsibilities. Share the document with the person that you select as your home institution mentor so they can review the information and confirm their willingness to serve in this role.

* Indicates required

Mentor Email *

Confirm Mentor Email *

First Name *

Middle Name or Initial

Last Name *

Degree(s)
Institution *
Position *
Department
Office Phone Number *
Phone Ext.
Cell Number
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References*

(i) Instruction:

Complete the "HPRS Applicant" information BEFORE inviting your references.

One reference from each of the following roles is required:

- 1. Home Institution Mentor
- 2. Supervisor, mentor, or someone you have worked with and/or led in a volunteer, academic, or professional role who can speak to your leadership capabilities and potential.

References will not be accepted from RWJF staff members or anyone who has been an RWJF staff member within the last 5 years, current or former RWJF Board of Trustees members, staff members from the program center at Johns Hopkins, national advisory committee members, application reviewers, or staff from other RWJF national program centers.

References respond to the questions below online (no separate letter accepted). Maximum length for each is 2,500 characters or about 400 words.

- 1. Describe why you believe the applicant is a strong candidate for the Health Policy Research Scholars program. Please include your relationship to the applicant, including how you know them, and how long you have known them in your response.
- 2. Describe examples of the applicant's leadership or emerging leadership qualities in the context of an activity that sought to realize change. In your response, please reflect on your experiences with the applicant in academic, volunteer, and/or professional roles.
- 3. Give a specific example of the applicant's openness to learning from and/or working with individuals whose perspectives may be different than their own.

When you use the "Invite" link below, the reference will receive an automated email with login details and instructions to submit your reference. You may want to share the questions with potential references.

- Check this section to confirm references are submitted by March 15, 2023 before 3 p.m. ET. Your application cannot be submitted without both references in 'submitted' status (see "Status" below).
- If a reference writer is no longer able to fulfill their obligation, you may "Un-Invite" that reference and "Invite" another.

Reference	4,,,,,	Date Invited	Status

Applicant Questions*

(i) Instruction:

As appropriate, respond to the questions listed below.



African American Studies and/or Afro-American Studies American Indian/Native American Studies Anthropology Architecture Asian and/or Asian American Studies Biology/Biological Science Business Chemistry Communications Computer Science Criminology Cultural Studies Economics Education Engineering: Civil Engineering: Computer Engineering: Transportation English Environmental Science Health Education Health Sciences History Health Sciences History Health Sciences Marketing Mark	cation and Focus Area hat was your undergraduate major?	*
Gender Studies Geography Global Studies Other Major (please specify)	african American Studies and/or American Studies American Indian/Native American ies Anthropology Architecture Asian and/or Asian American ies Aiology/Biological Science Ausiness Anemistry Anomunications Anomuter Science Ariminology Aultural Studies Aconomics Aducation Angineering: Civil Angineering: Computer Angineering: Other American Americ	Health Education Health Sciences History International Relations Journalism Latinx, Hispanic, and/or Chicano tudies Marketing Mathematics Music Neuroscience Nursing Pharmacy Philosophy Physics Political Science Pre-Dentistry Pre-Law Pre-Med Psychology Public Health Public Policy Religious Studies/Divinity/Theology Social Work Sociology

Anthropology	eld of study?* Psychology
Demography/Population Studies	O Public Health (e.g., epidemiology,
Economics	behavioral sciences)
Education	O Public Policy
Engineering	○ Social Work
History	Sociology
Nursing	Transportation Engineering/Design
O Political Science	 Urban Planning/Studies
Other (please specify)	
3. Specify area of emphasis, certific	cation, or specialization, if applicable.
I. Specify doctoral degree being so	ught (e.g., PhD, DSW, etc).*
- Specify doctoral degree being so	agne (eigi, riib) bott, etc):
	
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Select all that apply. Adverse Childhood Experiences	☐ Health Reform
Antibiotic Resistance	☐ Healthy Schools
Behavioral & Mental Health	☐ Housing
Built Environment & Health	☐ Immigration Policy
Child Maltreatment	☐ Individual Health Insurance
Childhood Obesity	Infectious Diseases
COVID-19	Leadership Development
Disability	Life & Behavioral Skills Training
Disease Prevention & Health	☐ Medicaid & CHIP
omotion	☐ Medicare
Early Childhood Development	☐ Men's Health
Education	☐ Nutrition
Emergency Preparedness &	Occupational Safety & Health
sponse Employer-Sponsored Insurance	One Health
End of Life Care	Oral Health
Environment	Patient-Centered Care
	Prescription Drugs
Family & Social Support	Public & Community Health
Food Insecurity, Access, & Hunger	Public & Social Policy
Health Care Access	Racial Equity, Racism, Anti-Racism
Health Care Costs	Rural Health
Health Care Coverage	Social Determinants of Health
Health Care Education & Training	Substance Use Disorders
Health Care Equity & Trust	Tax Policy
Health Care Payment Reform	Tobacco Control
Health Care Quality	☐ Uninsured Individuals
Health Care Transportation	☐ Urban Policy
Health Care Workforce	☐ Violence & Trauma
Health Data & IT	☐ Women's Health
Health Disparities	
Health Insurance Exchanges	
Health Policy	
Other (please specify)	
1,0	
Use the space below to indicate a	sub-topic or sub-area of interest.
	area of interest, you may skip this question.
61.0	

No	☐ Men
Adolescents	☐ Migrant Workers
African-American/Black	☐ Military/Veterans
American Indian/Native American &	Pacific Islander
aska Native	People Living with Chronic
Asian	Conditions
At-Risk People	People Living with HIV/AIDS
Children	People Living with Infectious
Elderly	Diseases
Families	People With Disabilities
Foster Youth	Economically Disadvantaged
Healthcare Workers	Residents of Puerto Rico &
Homeless/Unhoused or Housing	Caribbean Region
secure	Rural
Immigrants & Refugees	☐ Single Parents
Incarcerated & Formerly	People With Substance Use
carcerated	Disorders
Latinx and/or Hispanic	Urban
LGBTQIA+	People Experiencing Violence or
Low-Income	Crime
2 Low meome	Women
	Youth
Other (please specify)	06
	. 60
In what month and year did you be	egin your doctoral program?*
(MM/YYYY)	
7-6	
X .0	
What is your anticipated doctoral	completion/graduation date?*
(MM/YYYY)	
\$12.00	
D. What is your current graduate GP	
	g., 3.5 or 4.0) If your institution does not calculate
(: LIA) on how o /o	
GPA, enter "n/a."	

In	List all undergraduate AND graduate institutions attended* clude: Name, City, State, and Dates Attended (MM/YYYY - MM/YYYY) dd each institution on a new line.
	or example (University of Learning; Albuquerque, NM; 08/2001-05/2003)
Dom	ographics
Th his dis br	the Health Policy Research Scholars program is open to full-time students who are from storically marginalized backgrounds and/or populations underrepresented in their scipline whose racial, socio-economic, ability status and personal factors allow them to sing unique and diverse perspectives to their research. The questions below ask that you sovide more detail on how your background meets the eligibility requirements and how bur background has influenced the perspectives you bring to your research.
	f you selected racial or ethnic background for question #1 in the "Eligibility"
	ion, please select how you describe your race and/or ethnicity.* elect all that apply or select "Not Applicable."
☐ Ai	frican American or Black (you may specify using the "please specify" text box below) merican Indian, Alaska Native, or Indigenous (you may specify tribal affiliation using the se specify " text box below) sian (you may specify country or family origin using the "please specify" text box below) ispanic, Latino/a/x, or Latin American (you may specify country or family origin using the
	se specify" text box below)
	ative Hawaiian or Pacific Islander (you may specify using the "please specify" text box
belov N	ot applicable
	acial and/or ethnic background not included above (please specify)
13. I	f you selected educational background for question one in the "Eligibility"
secti	ion, please specify your educational background.* elect all that apply or select "Not Applicable."
☐ Fi	rst-generation college graduate
	nglish is a second language (specify primary language using the "please specify" box
belov	
	earning disability ot applicable
	ducational background not included above (please specify)

14. If you selected financial background for question one in the "Eligibility"
section, please specify your financial background.*
Select all that apply or select "Not Applicable."
☐ Urban low-income community
Rural low-income community
Pell Grant-eligible as an undergraduate
☐ Not applicable
Financial background not included above (please specify)
— Thianelal background not included above (picase specify)
15. If you selected "Other background" for question one in the "Eligibility" section,
please elaborate on your response in the box below* If you did not select "other background" in question one of the eligibility questions, please
enter N/A.
16. Please describe how the aspects of your background captured in responses to
eligibility questions 12-15, have influenced your academic and career paths.*
Maximum of 1,700 characters including spaces. (approximately 250 words)
0
17. Describe how your past leadership experiences are related to the Health Policy
Research Scholars program goals. (See the "Program Goals" section of the call for
applications, located in the "Resources" area to the left.)*
Maximum of 1,700 characters including spaces. (approximately 250 words)
18. How is the Health Policy Research Scholars program related to your values,
educational goals, and career aspirations? * Maximum of 1,700 characters, including spaces. (approximately 250 words)
Maximum of 17700 characters, including spaces. (approximately 250 words)
A 7.0

area to the left.)* Maximum of 750 cha	acters, including spaces. (approximately 100 words)
participate in all acti	ering all of your current commitments, will you agree to fully ities for the Health Policy Research Scholars program, as Applications (see "Resources" link to the left)?*
Academic Administrative Community Education/Training Business Non-Profit	ipated future career setting?* gency
Private/For-Profit Other (please specif	

Supporting Documents *

(i) Instruction:

The following supporting documents are either required or optional, as indicated:

- 1. Applicant Essays (required, up to three pages total)
- 2. Applicant Curriculum Vitae (CV) (required, up to four pages)
- 3. Applicant Doctoral Transcript (required, unofficial or official versions accepted)
- 4. Home Institution Mentor CV (required, up to 60 pages)
- 5. COVID Impact Statement or Other Appendices (optional)

To Begin: Download the applicant essay template shown below and complete it as instructed. In addition, you'll be asked to upload PDF versions of your CV, transcript, and optional appendices.

To Upload: Upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide" (see "Resources" area on the left).

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. All uploaded documents may be updated and replaced until you submit your application.

* Indicates required

Description

Templates

Applicant

Essavs

Uploaded Documents

Applicant Essays *

Download the template in the "Templates" column to the right and follow the instructions carefully.

To maintain the original formatting, you must convert your document to a PDF prior to uploading. For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).

Maximum of three pages

Applicant Curriculum Vitae (CV) *

The information in your CV complements the other information you and your referees provide in this application. If applicable, please include information regarding qualifications and experiences that you have obtained that are related to

the HPRS program. Please include experiences outside of past academic pursuits (e.g., leadership in professional and service organizations, volunteer/pro bono work or community service, participation in service projects, community organizing, legislative advocacy, service as a non-profit board member).

You may format your CV in any way you want.

To maintain the original formatting, **you must convert your document to a PDF prior to uploading**. For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).

Maximum of one four-page CV.

Transcript *

Use this area to provide your official or unofficial doctoral transcript. Ensure the transcript includes your name and is not secured or password-protected. A secured or password-protected PDF will have a padlock icon in the upper left corner of the document. If you are unable to remove the security, please print the document, scan it, and save it as a new, unprotected PDF before you upload it.

Upload one (1) copy of your current doctoral transcript.

To maintain the original formatting, you must convert your document to a PDF prior to uploading. For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).

We acknowledge that you began your doctoral program and are applying during a pandemic. Please note that you have the option of including a COVID Impact Statement in the Appendix section of this application.

Home Institution Mentor CV *

Upload your home institution mentor's CV as part of the application.

The home institution mentor may format their CV in any way as long as it includes publications most relevant to this application, as well as current and past grant support. A formatted National Institutes of Health biosketch is also acceptable (either the former or new version may be used).

To maintain the original formatting, you must convert your document to a PDF prior to uploading. For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).

Maximum of one 60-page CV.

Appendices

While most applicants will not use this section of the application, some applicants may need to submit additional documentation with their application.

If you submit appendices, such as a COVID Impact Statement, download the template in the "Templates" column to the right, and follow the instructions carefully.

We acknowledge that you began your doctoral program and are applying to the Health Policy Research Scholars program during a pandemic. This optional Impact Statement gives you an opportunity to describe to application reviewers how the pandemic has impacted your educational experience. You can find an example of why you may choose to provide a COVID Impact Statement in the linked template. Providing a COVID Impact Statement is not required.

Maximum of two one-page documents.

You must convert your document to a PDF prior to uploading. For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).

Optional Appendices

Outreach Efforts*

\bigcirc	Instr	ucti	on:
(リ)	111511	ucti	OII.

The questions in this section are designed to help us assess our outreach and recruitment efforts. Your responses to the following questions do not impact your chances of getting into this program.

	* Indicates required realth Policy Research Scholars (HPRS) program? * communication pathways are most effective in reaching erested in learning more.
Internet search RWJF.org website Other website (specify below) Email from RWJF Email from another organization or group (specify below) Conference (specify below) Current participant in an RWJF orogram (specify program below) Other (please specify)	 ○ Alumni of an RWJF program (specify program below) ○ Someone else I know (specify relationship below) ○ A post from someone I follow on social media (specify channel below) ○ An ad I saw on social media (specify channel below) ○ An ad I saw elsewhere on the Internet (specify below) ○ Don't recall
If you don't remember, please enter "D	ganization or group from which you first heard about

	se provide the name of the conference where you first heard about the program.* I don't remember, please enter "Don't recall."
	se provide the name of the program in which the person is a participant.* I don't remember, please enter "Don't recall."
	se provide the name of the program of which the person is an alumni.* I don't remember, please enter "Don't recall."
rograi	se specify your relationship with the person from whom you first heard about the m.* I don't remember, please enter "Don't recall."
3. Pleas	se specify the social media channel where you saw the post (e.g., Twitter, ok).*
If yοι	don't remember, please enter "Don't recall."
	se specify the social media channel where you saw the ad (e.g., Twitter, Facebook). I don't remember, please enter "Don't recall."
	<u> </u>
IO Pla	ase specify the website where you saw the ad that first told you about the program
k	ase specify the website where you saw the au that hist told you about the program
15	don't remember, please enter "Don't recall."
іт уос	
17 YOU	
11. Hav	e you previously applied to RWJF for funding or support of any kind?*
	e you previously applied to RWJF for funding or support of any kind?*

12. Were you funded?* Yes No	
13. Was your funding for any other RWJF leadership program?*	
Yes (provide name of program(s))	
14. Was your funding for a grant other than a leadership program?*	
○ Yes (provide name of grant(s))	
15. We are continually looking to improve our application processes and prograwilling to be contacted to answer questions to help evaluate the effectiveness application process and program or to learn more about the Foundation's lead programs?* Yes	of the HPRS
○ No	
Skin Skin Skin Skin Skin Skin Skin Skin	

Health Policy Research Scholars Program Applicant Essays

Instructions for using this template:

Use this template to respond to the essay questions below. You should:

- Save this template as a separate file before you begin, so you have the instructions available at all times.
- Complete the identifying information shown below this block of instructions.
- Leave the essay numbers and questions listed below and use them as an organizational tool. However, delete the instructions in blue under each number/question.
- Delete this block of instructions before uploading your application narrative.
- Save your final essays as a PDF. In the "Resources" area on the left of the online system, you will find the "Applicant Guide." Within the guide, there are links to "Upload Documents" and "Troubleshooting Tips" for converting your document to a PDF.
- Upload the PDF to the "Supporting Documents" section of the online system.

NOTES:

- Your entire essay, including essay numbers/questions, should be **no more than three pages** with single spacing and one-inch margins on the top, bottom and sides of the page.
- References/citations are not expected in the essays.
- Do not adjust the font/size of this template.
- You will not be able to upload a document that is longer than three pages.
- No hard-copy materials will be accepted.

Remember to delete this block of instructions—and the guidelines shown in blue under each essay number—before uploading this template.

Identifying Information

Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your name goes here)

Applicant Home Institution: (legal name of applicant home institution goes here)

Essay #1

Briefly describe your research interests and how they are relevant to the Health Policy Research Scholars program.

- a. Then, using the Foundation's <u>Culture of Health Focus Areas</u> briefly explain how you might use your research to contribute to building a Culture of Health. Your response should refer to at least one of the four Focus Areas.
- b. Finally, describe how your participation in the Health Policy Research Scholars program will inform and influence policy based on your research. Please refer to the CFA (page 2) for information about Program goals.

(Maximum of 500 words. Approximately 3,400 characters including spaces.)

Essay #2

Reflecting on how you have approached obstacles in the past, briefly describe <u>one</u> major personal strength that can help you overcome barriers that might impede your successful completion of your doctoral program and the Health Policy Research Scholars program.

(Maximum of 500 words. Approximately 3,400 characters including spaces.)

Essay #3

RWJF defines Leadership for health equity as the capacity for individuals, organizations, or communities to co-create an emerging future in which everyone has a fair and just opportunity for health and well-being. It requires all of us to work both independently and collectively, with equal attention to system and policy change and internal culture and practice. It takes a commitment to collaboration, respect, and accountability.

HPRS scholars and alumni are working toward realizing health equity by addressing the wide field of factors that influence the opportunity for well-being, including barriers caused by the intersection of structural racism, other forms of discrimination, and the social conditions that impact health. This is critical for building a Culture of Health.

Considering the RWJF definition of Leadership for Health Equity, what is your vision for how your research and leadership will help build a Culture of Health?

(Maximum of 500 words. Approximately 3,400 characters including spaces.)

Health Policy Research Scholars Optional Appendices

Instructions for using this template:

This template may be used to provide additional information in support of your application. You will need to follow the instructions below <u>only</u> if you choose to submit appendices. **If appendices are not applicable,** you do not need to upload this template.

You should:

- Save this template as a separate file before you begin, so you have the instructions available at all times.
- Complete the identifying information shown below this block of instructions.
- Complete the appendices section below. Include a list of what you are uploading (ex: "letter from department stating that I will be starting my 2nd year of my doctoral program in fall 2023. I was part-time for the last year and a half" or "COVID Impact Statement"). Also include an explanation of why you are including as part of your application.
- Delete this block of instructions before uploading your appendices.
- Save your final appendices template as a PDF. In the "Resources" area on the left of the online system, you will find the "Applicant Guide." Within the guide, there are links to "Upload Documents" and "Troubleshooting Tips" for converting your document to a PDF.
- Upload the PDF to the "Supporting Documents" section of the online system.

NOTE:

You may upload up to two one-page documents.

Remember to delete this block of instructions—and the guidelines shown in blue before uploading this template.

Identifying Information

Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)

Applicant Name: (your name goes here)

Applicant Home Institution: (legal name of applicant home institution goes here)

Appendices (List below the materials that you are submitting as appendices. Include an explanation of why you are including as part of your application.)

COVID Impact Statement Example: It is possible that the research that you are supposed to work on shifted because of the pandemic. As a result, the research listed on your CV does not fully demonstrate your commitment to equity. Your academic performance or progress may have also been impacted. You may feel that it is important for the application reviewers to know this information, which you can describe in the Impact Statement.