

# Health Policy Research Scholars 2024 Call for Applications

## Eligibility\*

### **(i) Instruction:**

**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 from historically marginalized backgrounds who are able to describe how their background, identity, or lived experiences have positioned them to contribute to the goals of the program. Examples of marginalized backgrounds include, but are not limited to, first-generation college graduates; individuals from lower socioeconomic backgrounds; individuals from communities of color; and individuals with disabilities. If an applicant is applying because they have a marginalized background not listed above, the applicant will have the opportunity to describe how they meet the eligibility criteria in this application.

Applicants will typically be in their first year of doctoral studies, must be entering the second year of their doctoral program in fall 2024 and be from any research-focused discipline. HPRS is especially interested in doctoral students from non-health-related disciplines.

Prior experience or knowledge in health policy is not required or expected. Rather, the program is designed for doctoral students from any discipline (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.

**1. Are you in a research-focused doctoral degree program?\***

- Yes
- No

**2. Will you be a full-time second year doctoral student in September of 2024?\***

- Yes, starting as a full-time second-year doctoral student
- No, not starting as a full-time second-year doctoral student

**3. Is your expected graduation date during or after spring/summer, 2027?\***

- Yes
- No

**4. Will you be at least 21 years old by September 1, 2024?\***

- 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

**6. Individual candidates for receipt of award funds cannot be related to any Officer or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder. The Officers of the Foundation are the Chair of the Board of Trustees; President and CEO; Executive Vice President; General Counsel; Secretary; Assistant Secretary; Treasurer; Assistant Treasurer; and Chief Investment Officer. Are you related by blood, marriage, or adoption to any Officer or Trustee of the Robert Wood Johnson Foundation? Are you a descendant of the Foundation's founder, General Robert Wood Johnson? Individual candidates for receipt of award funds cannot be related to any Officer or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder as described above. Do either of the above apply to you? \***

- Yes, I am related to an Officer or Trustee of the Foundation or am a descendant of General Robert Wood Johnson.  
 No, am not related to an Officer or Trustee of the Foundation or nor am I a descendant of General Robert Wood Johnson.

**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.*

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:

1. An elective public office in the executive or legislative branch of the Government of the United States,
2. 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.
- No, I am not a government official.
- 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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# Health Policy Research Scholars 2024 Call for Applications

## Applicant Key Contact Information \*

### 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. 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 \***

**Confirm College/University Email \***

**Prefix**

**First Name \***

**Middle Name or Initial**

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**Last Name \***

**Suffix**

**Degree(s)**

**Applicant's Home Institution \***

**Department**

**Applicant Address \***

**Applicant Address (line 2)**

**Applicant City \***

**Applicant Home County \***

**Applicant State / Territory \***

**Applicant Zip / Postal Code \***

**Applicant Primary Phone Number \***

**Phone Ext.**

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**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 \***

**Middle Name or Initial**

**Last Name \***

**Address \***

**Address (line 2)**

**City \***

**Country**

**State / Territory \***

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**Zip / Postal Code \***

**Phone Number \***

**Extension**

**Cell Phone**

**Alternate Contact \***

Alternate contact information in the event the Foundation cannot reach you via the information provided on this application. By providing this contact information, you authorize the Foundation and the HPRS national program center to contact this person to request information on how to contact you.

\* Indicates required

**Email \***

**Confirm Email \***

**First Name \***

**Middle Name**

**Last Name \***

**Phone Number \***

**Extension**

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Cell Phone

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# Health Policy Research Scholars 2024 Call for Applications

## Home Institution Mentor \*

### 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. The home institution mentor must be a full-time faculty member of 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 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 \***

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**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.

No references will be accepted from individuals who are current RWJF staff members or have been RWJF staff members within the last five years, the RWJF Board of Trustees, staff members from the NPC, members of the HPRS National Advisory Committee (NAC), or staff from other RWJF national leadership 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 to confirm references are submitted by **the suggested one week early date of February 29, 2024**. 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

Date Invited    Status

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# Health Policy Research Scholars 2024 Call for Applications

## Applicant Questions\*

### ① Instruction:

As appropriate, respond to the questions listed below.

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\* Indicates required

## Education and Focus Area

### 1. What was your undergraduate major?\*

Select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> African American Studies and/or Afro-American Studies | <input type="checkbox"/> Health Education                         |
| <input type="checkbox"/> American Indian/Native American Studies               | <input type="checkbox"/> Health Sciences                          |
| <input type="checkbox"/> Anthropology  | <input type="checkbox"/> History                                  |
| <input type="checkbox"/> Architecture  | <input type="checkbox"/> International Relations                  |
| <input type="checkbox"/> Asian and/or Asian American Studies                   | <input type="checkbox"/> Journalism                               |
| <input type="checkbox"/> Biology/Biological Science                            | <input type="checkbox"/> Latinx, Hispanic, and/or Chicano Studies |
| <input type="checkbox"/> Business  | <input type="checkbox"/> Marketing                                |
| <input type="checkbox"/> Chemistry   | <input type="checkbox"/> Mathematics                              |
| <input type="checkbox"/> Communications  | <input type="checkbox"/> Music                                    |
| <input type="checkbox"/> Computer Science                                      | <input type="checkbox"/> Neuroscience                             |
| <input type="checkbox"/> Criminology   | <input type="checkbox"/> Nursing                                  |
| <input type="checkbox"/> Cultural Studies                                      | <input type="checkbox"/> Pharmacy                                 |
| <input type="checkbox"/> Economics   | <input type="checkbox"/> Philosophy                               |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Physics                                  |
| <input type="checkbox"/> Engineering: Civil                                    | <input type="checkbox"/> Political Science                        |
| <input type="checkbox"/> Engineering: Computer                                 | <input type="checkbox"/> Pre-Dentistry                            |
| <input type="checkbox"/> Engineering: Electrical                               | <input type="checkbox"/> Pre-Law                                  |
| <input type="checkbox"/> Engineering: Other                                    | <input type="checkbox"/> Pre-Med                                  |
| <input type="checkbox"/> Engineering: Transportation                           | <input type="checkbox"/> Psychology                               |
| <input type="checkbox"/> English   | <input type="checkbox"/> Public Health                            |
| <input type="checkbox"/> Environmental Science                                 | <input type="checkbox"/> Public Policy                            |
| <input type="checkbox"/> Ethnic Studies  | <input type="checkbox"/> Religious Studies/Divinity/Theology      |
| <input type="checkbox"/> Gender Studies  | <input type="checkbox"/> Social Work                              |
| <input type="checkbox"/> Geography   | <input type="checkbox"/> Sociology                                |
| <input type="checkbox"/> Global Studies  | <input type="checkbox"/> Urban Planning/Urban Studies             |
| <input type="checkbox"/> Other Major (please specify)                          |   |

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**2. What is your primary doctoral field of study?\***

- |   |   |
|---|---|
| <input type="radio"/> Anthropology                  | <input type="radio"/> Psychology  |
| <input type="radio"/> Demography/Population Studies | <input type="radio"/> Public Health (e.g., epidemiology, behavioral sciences) |
| <input type="radio"/> Economics                     | <input type="radio"/> Public Policy   |
| <input type="radio"/> Education                     | <input type="radio"/> Social Work   |
| <input type="radio"/> Engineering                   | <input type="radio"/> Sociology   |
| <input type="radio"/> History                       | <input type="radio"/> Transportation Engineering/Design                       |
| <input type="radio"/> Nursing                       | <input type="radio"/> Urban Planning/Studies                                  |
| <input type="radio"/> Political Science             |   |
| <input type="radio"/> Other (please specify)        |   |

**3. Specify area of emphasis, certification, or specialization, if applicable.**

**4. Specify the full-time doctoral degree being sought (e.g., PhD, DSW, etc).\***

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**5. What topics or interest areas does your research or doctoral work focus on?\***

*Select all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Adverse Childhood Experiences     | <input type="checkbox"/> Health Reform                      |
| <input type="checkbox"/> Antibiotic Resistance             | <input type="checkbox"/> Healthy Schools                    |
| <input type="checkbox"/> Behavioral & Mental Health        | <input type="checkbox"/> Housing                            |
| <input type="checkbox"/> Built Environment & Health        | <input type="checkbox"/> Immigration Policy                 |
| <input type="checkbox"/> Child Maltreatment                | <input type="checkbox"/> Individual Health Insurance        |
| <input type="checkbox"/> Childhood Obesity                 | <input type="checkbox"/> Infectious Diseases                |
| <input type="checkbox"/> COVID-19                          | <input type="checkbox"/> Leadership Development             |
| <input type="checkbox"/> Disability                        | <input type="checkbox"/> Life & Behavioral Skills Training  |
| <input type="checkbox"/> Disease Prevention & Health       | <input type="checkbox"/> Medicaid & CHIP                    |
| <b>Promotion</b>   | <input type="checkbox"/> Medicare                           |
| <input type="checkbox"/> Early Childhood Development       | <input type="checkbox"/> Men's Health                       |
| <input type="checkbox"/> Education                         | <input type="checkbox"/> Nutrition                          |
| <input type="checkbox"/> Emergency Preparedness &          | <input type="checkbox"/> Occupational Safety & Health       |
| <b>Response</b>  | <input type="checkbox"/> One Health                         |
| <input type="checkbox"/> Employer-Sponsored Insurance      | <input type="checkbox"/> Oral Health                        |
| <input type="checkbox"/> End of Life Care                  | <input type="checkbox"/> Patient-Centered Care              |
| <input type="checkbox"/> Environment                       | <input type="checkbox"/> Prescription Drugs                 |
| <input type="checkbox"/> Family & Social Support           | <input type="checkbox"/> Public & Community Health          |
| <input type="checkbox"/> Food Insecurity, Access, & Hunger | <input type="checkbox"/> Public & Social Policy             |
| <input type="checkbox"/> Health Care Access                | <input type="checkbox"/> Racial Equity, Racism, Anti-Racism |
| <input type="checkbox"/> Health Care Costs                 | <input type="checkbox"/> Rural Health                       |
| <input type="checkbox"/> Health Care Coverage              | <input type="checkbox"/> Social Determinants of Health      |
| <input type="checkbox"/> Health Care Education & Training  | <input type="checkbox"/> Substance Use Disorders            |
| <input type="checkbox"/> Health Care Equity & Trust        | <input type="checkbox"/> Tax Policy                         |
| <input type="checkbox"/> Health Care Payment Reform        | <input type="checkbox"/> Tobacco Control                    |
| <input type="checkbox"/> Health Care Quality               | <input type="checkbox"/> Uninsured Individuals              |
| <input type="checkbox"/> Health Care Transportation        | <input type="checkbox"/> Urban Policy                       |
| <input type="checkbox"/> Health Care Workforce             | <input type="checkbox"/> Violence & Trauma                  |
| <input type="checkbox"/> Health Data & IT                  | <input type="checkbox"/> Women's Health                     |
| <input type="checkbox"/> Health Disparities                |   |
| <input type="checkbox"/> Health Insurance Exchanges        |   |
| <input type="checkbox"/> Health Policy                     |   |
| <input type="checkbox"/> Other (please specify)            |   |

**6. Use the space below to indicate a sub-topic or sub-area of interest.**

*If you do not have a sub-topic or sub-area of interest, you may skip this question.*

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**7. Is there a specific population that your research or doctoral work focuses on? \***

*Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> No   | <input type="checkbox"/> Men                                    |
| <input type="checkbox"/> Adolescents  | <input type="checkbox"/> Migrant Workers                        |
| <input type="checkbox"/> African-American/Black                             | <input type="checkbox"/> Military/Veterans                      |
| <input type="checkbox"/> American Indian/Native American &<br>Alaska Native | <input type="checkbox"/> Pacific Islander                       |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> People Living with Chronic Conditions  |
| <input type="checkbox"/> At-Risk People                                     | <input type="checkbox"/> People Living with HIV/AIDS            |
| <input type="checkbox"/> Children   | <input type="checkbox"/> People Living with Infectious Diseases |
| <input type="checkbox"/> Elderly  | <input type="checkbox"/> People With Disabilities               |
| <input type="checkbox"/> Families   | <input type="checkbox"/> Economically Disadvantaged             |
| <input type="checkbox"/> Foster Youth                                       | <input type="checkbox"/> Residents of Puerto Rico & Caribbean   |
| <input type="checkbox"/> Healthcare Workers                                 | Region  |
| <input type="checkbox"/> Homeless/Unhoused or Housing<br>Insecure           | <input type="checkbox"/> Rural                                  |
| <input type="checkbox"/> Immigrants & Refugees                              | <input type="checkbox"/> Single Parents                         |
| <input type="checkbox"/> Incarcerated & Formerly<br>Incarcerated            | <input type="checkbox"/> People With Substance Use Disorders    |
| <input type="checkbox"/> Latinx and/or Hispanic                             | <input type="checkbox"/> Urban                                  |
| <input type="checkbox"/> LGBTQIA+   | <input type="checkbox"/> People Experiencing Violence or Crime  |
| <input type="checkbox"/> Low-Income   | <input type="checkbox"/> Women                                  |
| <input type="checkbox"/> Other (please specify)                             | <input type="checkbox"/> Youth                                  |

**8. In what month and year did you begin your doctoral program? \***

*(MM/YYYY)*

**9. What is your anticipated doctoral completion/graduation date? \***

*(MM/YYYY)*

**10. What is your current graduate GPA in your doctoral program? \***

*Please enter as a numeric response (e.g., 3.5 or 4.0) If your institution does not calculate GPA, enter "n/a."*

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**11. List all undergraduate AND graduate institutions attended\***

*Include: Name, City, State, and Dates Attended (MM/YYYY - MM/YYYY)*

**Add each institution on a new line.**

*For example (University of Learning; Albuquerque, NM; 08/2001-05/2003)*

**Connection Between Background and Program Goals**

*The Health Policy Research Scholars program is open to full-time students who are from historically marginalized backgrounds whose background, identity, or lived experiences have positioned them to bring unique and diverse perspectives to their research and contribute to the goals of the program. The questions below ask that you provide more detail on how your background meets the eligibility requirements and how your background has influenced the perspectives you bring to your research.*

**12. Of which historically marginalized group, as defined in the call for applications (see "Resources" link to the left), are you a member?\***

*Select all that apply.*

- First-generation college graduate
- Have a learning disability
- Have a physical disability
- Experienced hardship from living in poverty, with limited-income, or in an under-resourced community
- Experienced discrimination based on my immigration status or that of my parents
- Grew up in a household in which English was not the primary language/experienced discrimination based on my accent
- Experienced racism, or discrimination based on race/ethnicity
- Experienced discrimination based on gender identity
- Experienced discrimination based on LGBTQ+ identity
- Other (the above are only examples. Please specify below)

**13. Please describe how the aspects of your identity or background captured in response to question 12 have positioned you to contribute to the Health Policy Research Scholars program goals and influenced the perspectives you bring to your research.\***

*Maximum of 2,500 characters including spaces. (approximately 400 words)*

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**14. 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)*

**15. 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)*

**16. If selected, considering all of your current commitments, will you agree to fully participate in all activities for the Health Policy Research Scholars program, as outlined in the Call for Applications (see "Resources" link to the left)? \***

- Yes
- No

**Future Career Path**

**17. What is your anticipated future career focus?\***

*Select the one most representative of your anticipated future career focus.*

- Business
- Clinical
- Community Infrastructure
- Education
- Policy
- Public Health Practice
- Public Service
- Research
- Other (please specify)

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**18. What is your anticipated future career setting?\***

*Select the one most representative of your anticipated future career setting.*

- Academic
- Administrative
- Community
- Education/Training
- Business
- Non-Profit
- Federal/State/Local Agency
- Private/For-Profit
- Other (please specify)

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# Health Policy Research Scholars 2024 Call for Applications

## Supporting Documents \*

### 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. 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

### 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 Essays](#)

#### **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).

#### **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

[Optional Appendices](#)

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

*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).

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# Health Policy Research Scholars 2024 Call for Applications

## Outreach Efforts\*

### **i** Instruction:

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

### **1. How did you first hear about the Health Policy Research Scholars (HPRS) program? \***

Your answer will help us understand what communication pathways are most effective in reaching potential applicants and getting them interested in learning more.

Select one.

- 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 program (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

### **2. Please provide the name of the website where you first heard about the program. \***

If you don't remember, please enter "Don't recall."

### **3. Please provide the name of the organization or group from which you first heard about the program. \***

If you don't remember, please enter "Don't recall."

### **4. Please provide the name of the conference where you first heard about the program. \***

If you don't remember, please enter "Don't recall."

**5. Please provide the name of the program in which the person is a participant.\***

*If you don't remember, please enter "Don't recall."*

**6. Please provide the name of the program of which the person is an alumni.\***

*If you don't remember, please enter "Don't recall."*

**7. Please specify your relationship with the person from whom you first heard about the program.\***

*If you don't remember, please enter "Don't recall."*

**8. Please specify the social media channel where you saw the post (e.g., Twitter, Facebook).\***

*If you don't remember, please enter "Don't recall."*

**9. Please specify the social media channel where you saw the ad (e.g., Twitter, Facebook).\***

*If you don't remember, please enter "Don't recall."*

**10. Please specify the website where you saw the ad that first told you about the program.\***

\*

*If you don't remember, please enter "Don't recall."*

**11. Have you previously applied to RWJF for funding or support of any kind?\***

Yes

No

**12. Were you funded?\***

Yes

No

**13. Was your funding for any other RWJF leadership program?\***

No

Yes (provide name of program(s))

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- not intended for submission -



**14. Was your funding for a grant other than a leadership program?\***

- No
- Yes (provide name of grant(s))

**15. We are continually looking to improve our application processes and programs. Are you willing to be contacted to answer questions to help evaluate the effectiveness of the HPRS application process and program or to learn more about the Foundation's leadership programs?\***

- Yes
- No

**SAMPLE - PAGE 25 OF 29**  
**- not intended for submission -**

## 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.
- 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

**Please tell us about your research interests by responding to the three following prompts:**

- a. Briefly describe your research interests and how they are relevant to the Health Policy Research Scholars Program.
- b. Then, describe how you envision using your research to help advance health equity.
- c. 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.)*

**SAMPLE - PAGE 27 OF 29**  
- not intended for submission -

**Essay #2**

**Each scholar will bring their own lived experience to the Health Policy Research Scholars Program.**

- a. Please share a significant experience that motivated you to apply to HPRS.

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

**Essay #3**

**Please share your thoughts about building a Culture of Health by responding to the two following prompts:**

- a. Describe your vision for a Culture of Health, including populations or communities you hope will be impacted.
- b. Then, explain why health policy is important to this vision.

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

**SAMPLE - PAGE 28 OF 29**  
**- not intended for submission -**

## 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 only 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 a 2nd year student in fall 2024. I was part-time for the last year and a half."). 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.)