

**THE JOSEPH L. HENRY ORAL HEALTH FELLOWSHIP  
IN MINORITY HEALTH POLICY  
APPLICATION FOR ADMISSION  
2023-2024**

**PART I.**

**NAME**

Last	First	Middle
Degree <input type="checkbox"/> DDS OR DMD <input type="checkbox"/> MPH <input type="checkbox"/> Other (Specify, for example MS, MBA, PhD):		

**MAILING ADDRESS**

Street	Suite	City	State	Zip + 4	Country
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**PERMANENT ADDRESS**

SAME AS MAILING ADDRESS

Street	Suite	City	State	Zip + 4	Country
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**CONTACT INFORMATION**

Home Telephone	Home Email	Home Fax
Work Telephone	Work Email	Work Fax

**PERSONAL INFORMATION**

US Citizen or US Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship	City/State/Country of Birth
Social Security Number (Last 4 Digits Only)	Month/Day/Year of Birth	
What is your gender identity?		
<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary, intersex, gender fluid person <input type="checkbox"/> I prefer not to answer		

**PERSONAL INFORMATION (OPTIONAL) Please check appropriate box.**

<p>1. Do you consider yourself to be Hispanic/Latino?  <input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>1.a. If yes, please check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cuban</li> <li><input type="checkbox"/> Dominican</li> <li><input type="checkbox"/> Mexican, Mexican American, Chicano</li> <li><input type="checkbox"/> Puerto Rican</li> <li><input type="checkbox"/> South or Central American</li> <li><input type="checkbox"/> Other (specify):</li> </ul>
<p>2. How do you identify your race? Please check all that apply.</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p>2.a. If yes, please specify name of enrolled or principal tribe:  <input type="checkbox"/> Asian</p> <p>2.b. If yes, please check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asian Indian</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Pakistani</li> <li><input type="checkbox"/> Vietnamese</li> </ul>

Other (specify):

Black or African American

2.c. If yes, please check all that apply:

African American

Caribbean or West Indian

African (specify country)

Other (specify):

Native Hawaiian or other Pacific Islander

2.d. If yes, please check all that apply:

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander (specify):

White

Other (specify)

**FIRST GENERATION STUDENTS**

Are you the first member of your immediate family to complete an undergraduate degree?

Yes     No

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Are you the first member of your immediate family to pursue a graduate degree?

Yes     No

**CURRENT POSITION**

Job Title	Institution		
Address	City	State	Zip
Dates			

**PART II.**

**WORK HISTORY** List most recent position first, excluding current position. Please do not refer to resume.

Dates	Institution	Job Title	Status
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer
to			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Summer

**EDUCATION HISTORY** List most recent institution first, including colleges, universities, and post-secondary/medical education training.

Institution	City/State/Country	Dates Attended	Major	Degree	Year	GPA
		to				
		to				
		to				
		to				

**BOARD CERTIFICATION**

Board	Eligibility	Date Received
	<input type="checkbox"/> BE <input type="checkbox"/> BC	
	<input type="checkbox"/> BE <input type="checkbox"/> BC	
	<input type="checkbox"/> BE <input type="checkbox"/> BC	

**AWARD HISTORY** List major distinctions, honors, and awards from academic, professional, and government sources. Please explain basis of award.

**ACTIVITY HISTORY** List major community, professional, or extracurricular activities in order of importance to you.

Activity	Office/Honor	Status	Dates Attended
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	to

**SERVICE HISTORY** Indicate your experience with the following services.

Military	Branch/Rank	Year(s)	Dates
			to
National Health Service Corps	Year(s)	Location	Dates
			to
U.S. Public Health Service	Year(s)	Location	Dates
			to
Peace Corps	Year(s)	Location	Dates
			to
Other Volunteer Service	Year(s)	Location	Dates
			to
Other Volunteer Service	Year(s)	Location	Dates
			to

### PART III.

#### PUBLICATIONS

Please attach a list of your publications, organized by category – articles, books, abstracts, or other significant research work. You have the option of submitting one representative sample (10-20 pages). Explain your precise role in producing the work. Do not submit an original copy, since application materials will not be returned. Do not send multimedia samples.

#### PRIOR APPLICATION

Have you previously applied to any degree program at the Harvard T.H. Chan School of Public Health or Harvard Kennedy School or any other academic program within Harvard University?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	
To which program?	In what year?	Result <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Deferred
To which program?	In what year?	Result <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Deferred
To which program?	In what year?	Result <input type="checkbox"/> Accepted <input type="checkbox"/> Declined <input type="checkbox"/> Deferred

#### RECOMMENDATIONS

List the name, title, position, and institution for each of the three recommenders who have submitted letters of recommendation on your behalf.

Name	Name	Name
Title	Title	Title
Institution	Institution	Institution
Address	Address	Address
City State Zip	City State Zip	City State Zip
Telephone Fax	Telephone Fax	Telephone Fax
Email	Email	Email

*How did you first learn about The Joseph L. Henry Oral Health Fellowship in Minority Health Policy?*

Please check all applicable boxes.

<input type="checkbox"/> Individual (Harvard Faculty, Alumni, etc.) Please specify name of individual below:	<input type="checkbox"/> Brochure	<input type="checkbox"/> Social Media (Facebook, Twitter, LinkedIn)
<input type="checkbox"/> Email (Please specify name of individual)	<input type="checkbox"/> JHOHF Website	<input type="checkbox"/> Advertisement (Journal, e-newsletter) Please specify:
<input type="checkbox"/> Conferences and meetings Please specify:	<input type="checkbox"/> Other Source Please specify:	
<input type="checkbox"/> Flyer	<input type="checkbox"/> Professional Associations Please specify name of professional association	

**STATUS OF CHAN OR HKS APPLICATION**

Have you submitted your application for the Master in Public Health degree program to the Harvard T.H. Chan School of Public Health or the Midcareer MPA degree program to the Harvard Kennedy School? **(You must submit an application for the MPH or MPA to be considered for the fellowship.)**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
	If yes, date submitted:

**STATUS OF FINANCIAL AID APPLICATION**

Have you indicated you want to be considered for financial aid in your online application to the Harvard Chan School or Harvard Kennedy School? **(You must submit a financial aid application to Harvard CHAN or HKS to be considered for the fellowship.)**

<input type="checkbox"/> No	<input type="checkbox"/> Yes
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*I hereby certify that the information given by me in this application is complete and accurate and I understand that any misrepresentation or omissions may be cause for denial or revocation of acceptance or subsequent dismissal from the program and that such a decision is final and not subject to appeal. I understand that my application and any materials submitted with my application become the property of The Joseph L. Henry Oral Health Fellowship in Minority Health Policy and cannot be returned to me.*

Signature	Date
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**PART IV.**

**ESSAY QUESTIONS**

Please provide answers to the following questions. Limit each answer to 500-750words (2-3 pages). Type each answer on its separate sheet clearly headed with its number in the upper left-hand corner <Question #\_\_> and your full name in the upper right-hand corner.

**QUESTION #1A**

Please attach a copy of your resume that describes each significant position that you have held. List title, institution, dates, and major duties.

**QUESTION #1B**

The Fellowship Advisory Committee is interested in your academic, professional, and personal development. Please describe your experiences in public sector, government, or political activity (not fully explained in your resume) that direct you into a career in public health, policy, or practice.

**QUESTION #2**

Describe two defining experiences – your involvement and contribution toward an endeavor that succeeded in its objectives, and one that resulted in a disappointing outcome, setback, or failure. Explain what you learned about yourself from these two experiences.

**QUESTION #3**

Describe your two major successes as a leader which demonstrate your skills and strengths in leadership.

**QUESTION #4**

Explain why you think that The Joseph L. Henry Oral Health Fellowship in Minority Health Policy will prove important to advancing your personal and professional development? Address in your statement specific factors that led to your decision to apply; specific expectations how your course of study will build on your prior professional experience and prepare you for a leadership role in formulating and implementing public health policy and practice on a national, state, and/or local level; and specific career goals that you plan to achieve by participating in this program.

**QUESTION #5**

Topic A: Oral Health Fellows are asked to conduct health policy research and use statistical methods to analyze the results. Address a policy problem on which you have worked using analytic techniques. Explain its importance and describe your role in its resolution.

**OR**

Topic B: Describe a health policy or public management problem with which you are familiar and suggest a solution. The Fellowship Advisory Committee is less interested in your conclusion than in your ability to identify and analyze the salient issues.

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**FOR MPA APPLICANTS TO HKS ONLY****QUESTION #6**

Explain how you have applied your MPH training in a real world situation, particularly in health policy or public health practice. Discuss what you expect to gain from participating in the Mid-Career MPA Program at the Harvard Kennedy School.