

**THE JOSEPH L. HENRY ORAL HEALTH FELLOWSHIP
IN MINORITY HEALTH POLICY
APPLICATION FOR ADMISSION
2024-2025**

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
Work Telephone	Work Email

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?

Man Woman Non-binary, intersex, gender fluid person I prefer not to answer

PERSONAL INFORMATION (OPTIONAL)

How do you self-identify your race/ethnicity? Please select all that apply:

Hispanic, Latino, or of Spanish origin

- Argentinean
- Colombian
- Cuban
- Dominican
- Mexican
- Peruvian
- Puerto Rican
- Other Hispanic (please specify):

American Indian or Alaska Native

Tribal affiliation:

Asian

- Bangladeshi
- Cambodian
- Chinese
- Filipino
- Indian
- Indonesian
- Japanese

Korean
 Laotian
 Pakistani
 Taiwanese
 Vietnamese
 Other Asian (please specify):

Black or African American
 African
 African American
 Afro-Caribbean
 Other Black (please specify):

Middle Eastern or North African
 Afghan
 Arab
 Armenian
 Egyptian
 Iranian/Persian
 Lebanese
 Syrian
 Other Middle Eastern or North African (please specify):

Native Hawaiian or Other Pacific Islander
 Guamanian
 Native Hawaiian
 Samoan
 Other Pacific Islander (please specify):

White
 Other (please specify)

FIRST GENERATION STUDENTS

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

Yes No

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 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"/> Webinar	<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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PART IV.

ESSAY QUESTIONS

Please provide answers to the following questions.

Limit each answer to 500-750 words (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.

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.

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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