

## Maternal Child Health Careers/Research Initiatives for Student Enhancement- Undergraduate Program (MCHC/RISE-UP) Application

### Section I: General Information

Name:		
First	Middle	Last
Click here to enter text.	Click here to enter text.	Click here to enter text.
<p><b>I am applying for: (select 1 or 2)</b></p> <p> <input type="checkbox"/> Clinical Externship  <input type="checkbox"/> Leadership Externship  <input type="checkbox"/> Research Externship         </p> <p><b>Externship Location: (select the closest location to your permanent address)</b></p> <p> <input type="checkbox"/> Kennedy Krieger Institute/Johns Hopkins University Baltimore, MD  <input type="checkbox"/> University of South Dakota/Sanford School of Medicine, Center for Disabilities Sioux Falls, South Dakota  <input type="checkbox"/> University of Southern California University Centers for Excellence in Developmental Disabilities/California State University-LA Los Angeles, California         </p>		
<p><b>Housing (check all that apply)</b></p> <p>I need housing for orientation in Baltimore, Maryland: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I need housing for orientation in Atlanta, Georgia: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I need housing for summer fellowship in:</p> <p> <input type="checkbox"/> No housing needed  <input type="checkbox"/> Baltimore, MD-Kennedy Krieger Institute/Johns Hopkins University  <input type="checkbox"/> Los Angeles, California-University of Southern California/California State University-LA  <input type="checkbox"/> Sioux Falls, South Dakota-University of South Dakota/Sanford School of Medicine, Center for Disabilities         </p>		
<p><b>My educational goal :</b> <input type="checkbox"/> Bachelor's Degree  <input type="checkbox"/> Master's Degree  <input type="checkbox"/> Doctorate/Professional Degree (e.g., MD, PhD, DrPH)</p> <p><b>My career goal:</b> Choose an item.</p> <p><b>I learned about the MCHC/RISE-UP Program from (circle all that apply):</b></p>		
<b>Biographical and Contact Information</b>		
<p><b>Date of Birth:</b> Click here to enter text.      <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p><b>Race (Check all that apply):</b></p> <p> <input type="checkbox"/> American Indian and Alaska Native  <input type="checkbox"/> Asian Country of Ancestry: Click here to enter text.  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Native Hawaiian or Pacific Islander  <input type="checkbox"/> Other Race Describe: Click here to enter text.         </p>		

<p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino</p> <p><b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Permanent Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>U.S. National:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If, not, your Visa type:</b> Click here to enter text.</p> <p><b>First generation College:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Pell Grant Eligible:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Local Address:</b> Click here to enter text.</p>
<p><b>Permanent Address:</b> Click here to enter text.</p>
<p><b>Local Phone:</b> Click here to enter text.</p> <p><b>Cell Phone:</b> Click here to enter text.</p> <p><b>Home Phone:</b> Click here to enter text.</p>
<p><b>Email:</b> Click here to enter text.</p>
<p><b>College/University:</b> Click here to enter text.</p> <p><b>Student Classification:</b> Choose an item.</p> <p><b>Major:</b> Click here to enter text.</p> <p><b>GPA:</b> Click here to enter text.</p> <p><b>Anticipated Graduation Date:</b> Click here to enter text.</p>
<p><b>Health and Emergency Information</b></p>
<p><b>Health Insurance Carrier:</b> Click here to enter text.    <b>Policy Number:</b> Click here to enter text.</p> <p><b>Emergency Contact Name and Telephone:</b> Click here to enter text.</p>
<p><b>Please complete the following in 250 words or less.</b></p>
<p><b>Describe your past community service, leadership, and/or research experiences:</b> Click here to enter text.</p>
<p><b>How do you anticipate participating in the MCH/RISE-UP program will help your future career goals?</b> Click here to enter text.</p>
<p><b>List any achievements (i.e., honors or awards):</b> Click here to enter text.</p>

**Acknowledgement:**

By my signature below, I acknowledge that the information contained in this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section II: Essay Question (Two required)**

Please complete a one page double-spaced (12 point font) essay for Number 1 and select one of the three questions under Number 2 for your second one page essay:

(1) Why is taking a public health approach important to achieve health equity?

(2) Please complete one of the three questions based on your area of interest:

- a. Clinical: How would you use a public health approach to address a Maternal Child Health challenge and/or an area of developmental disability?
- b. Leadership: Discuss how leadership impacts public health practice and policy.
- c. Research: What do you believe is (are) the most important public health issue(s)? Why did you choose this (these) issue(s) and how would you solve it (them)?

**Section III: Application Checklist**

**\*\*Completed applications are due by Tuesday, February 14, 2012**

- Completed Section I and II (two one-page double spaced essays)
- Resume or Curriculum Vitae
- Official University Transcript
- Two letters of reference from professors at your university in a sealed envelope. Please have professor sign across the back of the sealed envelope.

**Send complete application package to:**

Jenese McFadden, MS, MBA  
MCHC/RISE-UP Program Manager  
Kennedy Krieger Family Center  
2901 East Biddle Street  
Baltimore, Maryland 21213  
(443) 923-5879 (office)