



THE UNIVERSITY *of*  
NEW MEXICO

## UNM Health Policy Doctoral Fellowship Program 2016 – 2017

APPLICATION DEADLINE: FEBRUARY 12, 2016 5:00pm MST

### PERSONAL INFORMATION (please fill out electronically)

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
2. Which of the following best describes your gender?                      Male                      Female
3. Birth: Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Place of Birth \_\_\_\_\_
4. Country of Citizenship \_\_\_\_\_
5. If not a US citizen, are you a permanent resident?                      Yes                      No
6. Hispanic Origin: Are you of Hispanic, Latino or Spanish origin? (check all that apply)  
No, not of Hispanic or Latino origin  
Yes, Mexican, Mexican American, Chicano  
Yes, Puerto Rican  
Yes, Cuban  
Yes, another Hispanic, Latino or Spanish Group (e.g. Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.) GROUP: \_\_\_\_\_
7. Race: What is your race? (check all that apply)  
White  
Black, African American, or Negro  
American Indian or Alaska Native, NAME OF ENROLLED TRIBE: \_\_\_\_\_  
Asian or Asian American  
Some other race: NAME OF GROUP \_\_\_\_\_

**CONTACT INFORMATION**

8. Preferred Mailing Address

Address Valid Until (if applicable) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

9. Permanent address (if different than above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

10. Email address: \_\_\_\_\_

11. Phone numbers

Best number to call: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Home Cell Work

Alternative number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Home Cell Work

**EDUCATIONAL ATTAINMENT**

12. Are you a first generation college graduate? Yes No

13. What high school did you graduate from? Name of school: \_\_\_\_\_

Location of high school: City: \_\_\_\_\_ State: \_\_\_\_\_ Urban Rural

Type of high school: Public Private Independent Private Parochial

Charter Home School

14. Fill out the table below. You will have to provide transcripts for each institution listed.

Name of Institution	Major	Degree (i.e. BA, BS, MA, MS, PhD)	Year conferred

15. In what year of your PhD program are you currently in as of January 2016?

First                  Second                  Third                  Fourth                  Fifth

I'm beginning my graduate program in Fall 2016

**LETTERS OF RECOMMENDATION**

You must obtain three (3) academic letters of reference. These letters should be sent directly from the recommender to the RWJF Center for Health Policy at: [center@unm.edu](mailto:center@unm.edu). PDF files are preferable. Electronic signatures are accepted. Letters must be received by 5:00pm MST on Friday, February 12, 2016.

18. List the three (3) references that will be sending letters of recommendation:

a. Name \_\_\_\_\_ Title \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Cell Work  
Email \_\_\_\_\_

b. Name \_\_\_\_\_ Title \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Cell Work  
Email \_\_\_\_\_

c. Name \_\_\_\_\_ Title \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Cell Work  
Email \_\_\_\_\_

## ADDITIONAL MATERIALS

In addition to the application and letters of recommendation, you must upload additional documents at <http://healthpolicy.unm.edu/phdfellowships/application>. Your application package will not be considered complete until all documents listed below are received:

- **Statement of Purpose.** Includes personal experience/background and how these experiences relate to the applicant's current interests in research or study of health disparities or health policy analysis with Hispanic/Latino, Native American, and/or other underrepresented communities in the U.S. (500 word limit). Please mention in the Ph.D. program application "letter of intent" that you wish to be considered for the UNM Health Policy Doctoral Fellowship program.
- **GRE Scores.** Unofficial PDF copies are accepted. Official scores will be required of all awardees.
- **College transcripts.** This includes both undergraduate and graduate transcripts. Unofficial PDF copies are accepted. Official transcripts will be required of all awardees.
- **One academic writing sample.** This provides evidence of the applicant's potential to contribute to the mission of the RWJF Center for Health Policy. This may be different from that submitted with the Ph.D. program application.
- **Ph.D. program application form.** This is a copy of your application to the UNM Ph.D. program to which you are applying. Also include your letter of acceptance, if applicable.
- **Current CV.** A PDF version of your current curriculum vitae.

## RELEASE

Add your digital signature below. If you do not already have a digital signature, you will be given the option to create one when you click on the red "Sign Here" arrow below.

I warrant that the information provided and submitted in this application is accurate.

---

Student Signature

---

Date

## UPLOAD

Please carefully review your application and print a copy for your records before uploading the final application. When you press the "save" button below, you will be prompted to save the application. Be sure to save the application to a place on your computer you can easily locate. You must upload this completed application, along with the supporting documentation to: <http://healthpolicy.unm.edu/phdfellowships/application>. You will receive confirmation when your application package is complete and all letters of recommendation have been received.