



CENTER FOR  
SOCIAL POLICY

**Health and Social Policy Fellowship Program Application  
2023-2024 Doctoral Fellowships**

**Personal Information (Please Fill Out Electronically)**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Which of the following best describes your gender? Male \_\_\_\_\_ Female \_\_\_\_\_ Prefer Not to Say \_\_\_\_\_  
Non-Binary/Third Gender \_\_\_\_\_ Prefer to Self-Describe \_\_\_\_\_

3. Birth: Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

4. Country of Citizenship \_\_\_\_\_

5. If not a US citizen, are you a permanent resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. 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 \_\_\_\_\_

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: \_\_\_\_\_

**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. 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

13. 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

14. In what year of your PhD program are you? \_\_\_\_\_

## Parental Information

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

16. Please provide the following information for PARENT 1 (mother/father/legal guardian):

a. Place of birth: \_\_\_\_\_

17. Please provide the following information for PARENT 2 (mother/father/legal guardian):

a. Place of birth: \_\_\_\_\_

## Letters of Recommendation

You must obtain one (1) academic letters of reference. The letter should be sent directly from the recommender to the UNM Center for Social 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 April 12, 2023.**

18. List the reference that will be sending the letters of recommendation:

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

## Additional Materials

In addition to the application and letters of recommendation, your application package will not be considered complete until all documents listed below are received:

**Statement of Purpose:** This includes personal experience/background and how these experiences relate to your current interests in research of study of social/health disparities or social/health policy analysis with Hispanic/Latino, Native American and/or other underrepresented communities in the U.S. There is a 500 word limit. Please mention in the Ph.D. program application “letter of intent” that you wish to be considered for the University of New Mexico Center for Social Policy Doctoral Fellowship.

**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 UNM Center for Social 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.**

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Student Signature

Date

## Submission of Application

Please carefully review your application and print a copy for your records before submitting the final application. Be sure to save the application to a place on your computer you can easily locate. You must submit this completed application, along with the supporting documentation to: [center@unm.edu](mailto:center@unm.edu). You will receive confirmation when your application package is complete and all letters of recommendation have been received.