



CENTER FOR SOCIAL POLICY

Health and Social Policy Fellowship Program Application 2021-2022 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 three (3) academic letters of reference. These letters should be sent directly from the recommender to the UNM Center for Social Policy at: center@unm.edu. PDF files are preferable. Electronic signatures are accepted. Letters must be received by 5:00pm MST on May 28, 2021.

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, 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 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

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. You will receive confirmation when your application package is complete and all letters of recommendation have been received.