



2012 Scholarship Application

The Centers for Disease Control and Prevention's International Emergency and Refugee Health Branch and Emory University's Rollins School of Public Health (RSPH) are offering a joint 1-year Public Health Scholarship.

This CDC/RSPH Scholarship is intended to build:

- **National capacity** to respond in the event of a complex humanitarian emergency;
- **Strong technical skills** in epidemiology, rapid health assessment, surveillance, monitoring and evaluation;
- **Relationships** and collaborative operations research projects.

Components of the scholarship include:

- 1-year Masters in Public Health Program culminating with receiving a MPH graduate degree in Global Health, Global Epidemiology or Global Environmental Health
- Graduate Certificate in Complex Humanitarian Emergencies
- Applied research project with CDC-IERHB chosen by the sponsoring agency that will address a critical public health need in the fellow's country

Eligibility Requirements

This scholarship is intended for mid-career professionals with the following minimum qualifications:

- Three years experience in complex humanitarian emergencies, conflict, post conflict, or resource poor settings
- Baccalaureate degree, candidates with MD or post-baccalaureate education will be given preference
- Fluent speaking, reading and writing in English
- Basic computer skills

Sponsoring agencies should also be able to give assurances to the scholar of a job upon completing the certificate. Priority will be given to

IMPORTANT: INCOMPLETE APPLICATION WILL NOT BE CONSIDERED

APPLICATION

All application materials must be submitted in English. A complete application must include:

- A completed application form
- An essay regarding the research project proposal not to exceed 2 double spaced pages. **The essay will also be used to gauge proficiency in English.**
- A curriculum vitae or resume
- A certified and sealed college transcript
- Proof of registration for TOEFL and GRE tests
- Three signed letters of recommendation that speak to the significance of the proposed research project and the applicant's ability to carry it out. **LETTERS MUST BE SENT DIRECTLY TO:**

International Emergency and Refugee Health Branch
Centers for Disease Control and Prevention
4770 Buford Highway, NE,
Mailstop F 60
Atlanta, GA 30341

- Please submit one copy of our application via email to IERHB@cdc.gov **AND** one full application with original signatures mailed to the above address. All application materials including signed letters of recommendation must be received by February 27, 2012.
- TOEFL and GRE scores must be submitted to Emory University no later than April 15, 2012.



candidates from conflict or humanitarian emergency areas.

Section I: Nominating Agency Information

ORGANIZATION

Organization Name: _____
Street _____
City _____ State/Province _____
Country _____ Postal Code _____

NOMINATOR

Dr. [] Mr. [] Ms. [] (check one)
Last Name: _____ First Name: _____ MI _____
Job Title _____
Phone _____ Email _____
Time Known Applicant _____ years _____ months

I certify that the information contained in this application is accurate to the best of my knowledge. I further certify that I understand by submitting this application I nominate the applicant for this scholarship with the understanding that if the applicant is selected:

- I have given approval for the applicant to take a leave of absence for the purposes of this scholarship. for at least 10 months and no more than 12 months;
This organization will work with the applicant to develop a research project that will be implemented upon the completion of the scholarship;
The applicant will return to this organization for at least one year to work on the implementation of the research project.

Signature _____
Printed Name _____ Date _____

ORGANIZATION DIRECTOR/CHIEF OF PARTY

Dr. [] Mr. [] Ms. [] (check one)
Last Name: _____ First Name: _____ MI _____
Job Title _____
Phone _____ Email _____
Time Known Applicant _____ years _____ months

I certify that the information contained in this application is accurate to the best of my knowledge. I further certify that I understand by submitting this application I nominate the applicant for this scholarship with the understanding that if the applicant is selected:

- I have given approval for the applicant to take a leave of absence for the purposes of this scholarship. for at least 10 months and no more than 12 months;
This organization will work with the applicant to develop a research project that will be implemented upon the completion of the scholarship;
The applicant will return to this organization for at least one year to work on the implementation of the research project.

Signature _____
Printed Name _____ Date _____



Section II: Applicant Information

Dr. [] Mr. [] Ms. [] (check one)

Last Name: _____ First Name: _____ MI _____

HOME ADDRESS and CONTACT INFORMATION

Street _____
City _____ State/Province _____
Country _____ Postal Code _____
Phone _____ Email _____

PERSONAL DETAILS

Date of Birth _____ Place of Birth _____
Country of Citizenship _____
Gender: Male [] Female []

Languages:

Language _____ Beginner [] Intermediate [] Advanced []
Language _____ Beginner [] Intermediate [] Advanced []
Language _____ Beginner [] Intermediate [] Advanced []

CONTACT INFORMATION

Please send correspondence to: Home [] Office []

EDUCATION INFORMATION

Institution _____
Field/Major _____ Degree _____
Dated Awarded _____ GPA _____
Institution _____
Field/Major _____ Degree _____
Dated Awarded _____ GPA _____
Institution _____
Field/Major _____ Degree _____
Dated Awarded _____ GPA _____

Honors, awards, scholarships and scholarships:

Type _____ Honor _____ Brief Description _____ Date _____
Type _____ Honor _____ Brief Description _____ Date _____
Type _____ Honor _____ Brief Description _____ Date _____
Type _____ Honor _____ Brief Description _____ Date _____



Section II: Applicant Information (continued)

APPLICANT WORK HISTORY (please list most recent job first)

Current Job Title: _____ Start Date: _____ End Date: 2/2/2012
 Job Description
 (200 words max) _____
 Phone _____ Email _____

Job Title: _____ Start Date: _____ End Date: _____
 Job Description
 (200 words max) _____

Job Title: _____ Start Date: _____ End Date: _____
 Job Description
 (200 words max) _____

Job Title: _____ Start Date: _____ End Date: _____
 Job Description
 (200 words max) _____

I certify that the information contained in this application is accurate to the best of my knowledge. I further certify that I understand by submitting this application I understand that if selected as a scholar I agree to:

- **Travel to Atlanta, Georgia, United States for at least 10 months and no more than 12 months;**
- **Develop a research project that will be implemented upon the completion of the scholarship;**
- **Return to this organization for at least one year to work on the implementation of the research project.**

Signature _____
 Printed Name _____ Date _____

Section III: Writing Sample

Please prepare an essay that **is not more than 2 pages double spaced** that details the research project you would like to work on if you are selected for this scholarship. The essay should identify the need, research components, what (if any) work as already been done on the project, expectations for the project during the scholarship and how the project will be implemented after the scholarship is completed. This essay will also be used to assess your English writing skills. The essay should be attached to this application with your name and nominating organization at the top of both pages.



Section IV: References

Reference I

Name _____
Institution _____ Position _____

Reference I

Name _____
Institution _____ Position _____

Reference I

Name _____
Institution _____ Position _____

Section V: Application Checklist

Make sure you have:

- Completed the application in its entirety with the proper signatures.
- Registered for TOEFL and GRE tests
- Written the essay
- Email to IERHB@cdc.gov by **February 27, 2012**:
 - Completed application
 - Registration for TOEFL and GRE
 - Essay
 - CV or resume
- Mail signed originals, **received by February 27, 2012**, to:
International Emergency and Refugee Health Branch
Centers for Disease Control and Prevention
4770 Buford Highway, NE,
Mailstop F-60
Atlanta, GA 30341
- Have references email letters of reference to IERBH@cdc.gov and mail originals directly to above address, **by February 27, 2012**
- Have college certified and sealed college transcripts mailed directly to the above address, **by February 27, 2012**
- Complete TOEFL and GRE testing with test results reported to Emory University by **April 15, 2012**