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

**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.
1-Year Scholarship in Global Complex Humanitarian Emergencies

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

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

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

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

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:
  o Completed application
  o Registration for TOEFL and GRE
  o Essay
  o 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