

# Health and Aging Policy Fellows Application CHECKLIST

## Part I: Applicant Information

- Name
- Degree(s)
- Discipline/Professional Field
- Present Position
- Institution/Organization
- Work Address
- Home Address
- Office Telephone Number
- Mobile Telephone Number
- Email Address
- Choice of Fellowship Track
- Placement Interests
- Where/How/From Whom You Learned About the Program
- Voluntary Disclosures

## Part II: Short Essays

- Big Picture
- Policy Concern
- Long-Term Goals
- Budget and Institutional Support

## Part III: Supporting Documents

- Curriculum Vitae
- Letters of Reference (one from someone at your current institution and two additional letters from colleagues or mentors)

Please email your completed application as one PDF document to [hapfell@nyspi.columbia.edu](mailto:hapfell@nyspi.columbia.edu). Incomplete applications will not be considered.

## Health and Aging Policy Fellows Application

### Part I: Applicant Information

*Please provide the following information on Page 1 of your application:*

- Name
- Degree(s)
- Discipline/Professional Field
- Present Position
- Institution/Organization
- Work Address
- Home Address
- Office Phone Number
- Mobile Phone Number
- Email Address
- Choice of Fellowship Track
  - Residential Only
  - Non-Residential Only
  - Either Residential or Non-Residential (please indicate a preference for one track over the other)
- Optional: Please indicate if you have a specific interest in working with a particular agency or organization for your fellowship year.
- Where/How/From Whom You Learned About the Program (please be specific).
- Candidates are encouraged to complete:
  - Voluntary Self-Identification of Race and Ethnicity (see form on next page)
  - Voluntary Self-Identification of Disability (see form on next page)
  - Optional: Are there other ways in which your experiences will add diversity to the Health and Aging Policy Fellows Program, e.g. veteran status, first generation college graduate, etc.?

***Candidates from underrepresented groups are strongly encouraged to apply.***



# HEALTH AND AGING POLICY FELLOWS

## Voluntary Self-Identification of Race and Ethnicity

Name: \_\_\_\_\_

Providing the information below is optional and based on your self-identification. If you choose to participate, please answer both questions by checking the appropriate box(es). If you prefer not to disclose, please check the appropriate box. Thank you for your cooperation.

Questions	Answer Choices
Are you Hispanic or Latino?	<input type="checkbox"/> Yes, Hispanic or Latino. <input type="checkbox"/> No, not Hispanic or Latino.
What is your race? (If you are two or more races, please check all that apply).	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
If you do not wish to disclose your race or ethnicity, please check this box.	<input type="checkbox"/> I do not wish to disclose

### What do these categories mean?

These categories are determined by the federal government. Definitions, as provided by the U.S. Department of Education, are as follows:

- **Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native**  
A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- **Asian**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American**  
A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander**  
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: E \_\_\_\_\_

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## Part II: Short Essays

Please complete the following short essays (no more than 1000 words each):

1. **The Big Picture:** Please provide an overview of why you are applying to the Health and Aging Policy Fellows Program. You should address the following:
  - Your primary reasons for applying to be a Health and Aging Policy Fellow;
  - Your strengths and qualifications for the program;
  - Preferences you may have (if any) for a particular type of policy setting placement (e.g., Congress, executive agencies, state or community agencies or organizations, policy organizations);
  - The objectives you hope to achieve from this experience and how they relate to your professional goals;
  - A description of your experience and/or contributions in the health and aging field, including professional and volunteer experiences, and how they will contribute to your fellowship experience.
  
2. **Policy Concern:** Discuss one priority policy issue that you might address during your fellowship year with the following components. You need not work on this policy during your fellowship - the purpose of this brief is to enable the selection committee to evaluate your ability to communicate in a policy context and to build a policy argument. ***Do not describe a research proposal.***
  - a. Introduction: Define why you care about the issue and express the urgency and importance of the topic to your audience. Describe the key questions.
  - b. Evidence: Review the evidence about the issue being addressed.
  - c. Policy Landscape: Describe current policies and why they are insufficient and new policies necessary. Describe possible policies, and what entities might be involved in crafting or implementing the policy.
  - d. Policy Recommendation: State the recommended policy and explain how the evidence supports the recommendation.
  
3. **Long-Term Goals:** Discuss your plans for development of health policy leadership skills after you complete the fellowship. Explain how you will contribute to the development of health policy at the national, state, or local levels, at your home institution or elsewhere, and how you envision the fellowship affecting your overall career.
  
4. **Budget and Institutional Support:** Applicants should discuss institutional salary support with supervisor/mentor at their home institution and other potential sources (e.g., local foundations). ***We prioritize stipends for individuals early in their careers.*** Applicants beyond early career stage are expected to secure full financial support to participate in the fellowship's activities and work at their fellowship placement (20% time commitment). (See also Part III of checklist)

**Residential Fellows (full-time):**

*Unless otherwise agreed, the fellow will live in Washington DC from no later than mid-October through September of the fellowship year.*

- The program will provide a stipend up to \$100,000 depending upon career stage and level of institutional support. Please describe salary support your institution will provide and the remaining balance required from the Health and Aging Policy Fellows Program.
- A relocation budget will be provided for residential fellows up to a maximum of \$4,500.
- Health benefits are available to full-time residential fellows, if not provided by another source, up to a maximum of \$400/month.
- The program does not cover employment taxes, compensate for retirement savings, or adjust the stipend for cost-of-living differences.

**Non-Residential Fellows (part-time):** (See Part III of checklist)

*All travel to Health and Aging Policy Fellows required events in Washington DC will be reimbursed by the National Program Office. [Click here](#) to review these events.*

- All non-residential fellows are expected to secure institutional support that will allow them to 1) fully participate in all mandatory events and activities organized by the Health and Aging Policy Fellows Program, including the six-week orientation in Washington DC, and 2) commit 20% of their time to their fellowship placement. Non-residential fellows who are early in their career and cannot secure full institutional support may be eligible for a stipend from the Health and Aging Policy Fellows Program (up to \$15,000). Mid- and late-career stage applicants typically will have secured financial funding by their institution to participate in the fellowship. Limited funding is available for mid- and late-career stage applicants unable to secure institutional funding, and such support will be provided on a case-by-case basis. The level of institutional funding is a consideration when selecting fellows.
- No funds provided by the Health and Aging Policy Fellows Program can be spent on indirect costs to the fellow's institution as per our funders' policies.
- Placement-related travel support is available for non-residential fellows, up to a maximum of \$10,000.

If you have questions about your specific situation, please contact the National Program Office at [hapfell@nyspi.columbia.edu](mailto:hapfell@nyspi.columbia.edu).

### **Part III: Supporting Documents**

*Please include:*

1. Curriculum vitae
2. Letters of Reference
  - One letter of reference from someone at your current institution (e.g., department chair, supervisor, faculty mentor, agency or department director, etc.) that addresses:
    1. [The selection criteria](#) and your qualifications for the program;
    2. The institution's financial support for your participation in the program - This includes a statement confirming the level of financial support to allow you to 1) fully participate in all mandatory events and activities organized by the HAPF Program, and 2) commit 20% of your time while working with your fellowship placement site;
    3. The reference's willingness to serve as your advisor by assisting with your growth as a health policy leader, if selected;
    4. Any financial or in-kind (see budget section in part II, # 4 above) resources the institution will make available to assist you during the fellowship placement.
  - Two additional reference letters from colleagues or mentors who can confirm, highlight, emphasize, or otherwise explain your experience, interests, and strengths as described in your application.
  - Include the letters of reference in the PDF that contains your application.

**Please email your completed application as one PDF document to [hapfell@nyspi.columbia.edu](mailto:hapfell@nyspi.columbia.edu). Incomplete applications will not be considered.**