Non-Residential Only HAPF Application in Word: Health and Aging Policy Fellows (HAPF) Application for the 2026-2027 Cohort

Instructions:

1. Before starting your application, please attend an Information Session and review ALL PAGES under the FELLOWSHIP APPLICATION tab on the Health and Aging Policy Fellows website.

2. If you have questions about completing the application, please send an email to ***hapfell@nyspi.columbia.edu***.

3. You can return to the application after leaving it by returning to the link provided using the same email address entered below.

Applicant Information

Last Name*

First Name*

Preferred first name

Degree(s) - Select all that apply*

- BA
- MA/MS
- PHD
- MD
- PharmD
- JD
- DNP
- Other:

For PhD, MA/MS, and BA, please state the discipline[s] you studied.

Contact Information

Home/Mobile Phone Number*

Home Mailing Address*

Institution/Organization (Enter NA if not with an organization)*

Current Position*

Work Mailing Address

Assistant's (if any) name, email address, and phone

Work or other phone number

Time zone for calls *

- Eastern
- Central
- Mountain
- Pacific
- Other:

Do you plan to focus on behavioral health during the fellowship year? *

- Yes
- No

If you plan to focus on behavioral health, please describe the issues you want to address (insert N/A if not applicable) *

Do you plan to focus on caregiving during the fellowship year?*

Other areas of interest in health and aging policy you want to address during the fellowship, if any.*

Choice of Fellowship Track

Note: Non-Residential fellows must be affiliated with a home institution.*

- Residential Only - full-time in-person commitment
- Non-Residential Only

Either Residential or Non-Residential, *preference for Residential

Either Residential or Non-Residential, *preference for Non-Residential

Either Residential or Non-Residential No Preference

Requirements for Non-Residential Fellows

Do you have a home institution with which you will be affiliated during the fellowship year? *

Yes
No

Non Residential Questions

Non-Residential Applicants, please check the following statements to confirm your agreement*

My supervisor approves of my commitment of at least 20% of my time to a placement
My supervisor supports my attendance at a full-time 5-6 week orientation from the end of October through early December.
I acknowledge that I will receive up to $8500 for expenses associated with attending orientation, and up to $10,000 for placement related travel.
I acknowledge that my home institution is not entitled to indirect costs.

Non-Residential Applicants - Request for Stipend*

I am requesting the maximum $15,000 stipend
I am not requesting a stipend.

I am **only** applying as a non-residential fellow*

Yes
No

Additional Questions

Optional: Please indicate any executive branch agencies, congressional offices, or organizations you would consider for your placement

Optional: We encourage applications from people from a wide variety of backgrounds. Are there any aspects of your background that you think would add to your experience and contributions as a fellow?

Indicate where/how/from whom you learned about the program (please be specific and check all that apply)*

Health and Aging Policy Fellows Newsletter

LinkedIn

Current or past Fellow

Health and Aging Policy Fellow National Program Office referral

GSA events

Other:

Essays

The following sections require essays not to exceed 1000 words. ***Please carefully review the content that is requested and ensure that all parts of the request are addressed in your essay***.

We recommend that you type and edit your essay before uploading. Use a double return, not formatting, to separate paragraphs.

The Big Picture Essay (no more than 1000 words)

Provide an overview of why you are applying to the Health and Aging Policy Fellows Program. You should address **all** the following:

- Your primary reasons for applying to be a Health and Aging Policy Fellow;

- Your strengths and qualifications for the program;

- 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.

The Big Picture Essay (no more than 1000 words)*

Policy Essay (no more than 1000 words)

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 build a policy argument and communicate in a policy context. ***Do not describe a research proposal.***

1. Introduction:
   Define why you care about the issue and express the urgency and importance of the topic to your audience. Describe the key questions.
2. Evidence: Review the evidence about the issue being addressed.
3. 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.
4. Policy Recommendation: State the recommended policy and explain how the evidence supports the recommendation.

Policy Essay (described above)*

Long-Term Goals Essay (no more than 1000 words)

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.

Long Term Goals Essay (described above)*

Required Attachments

1. Curriculum Vitae/Resume
Name the file *lastname_firstname_CV.pdf**

2. Supervisor Letter of Reference

All Applicants
Upload a reference from your a current supervisor at your home institution (or past supervisor for a residential fellow without a current supervisor) ***on letterhead and signed*** that addresses:
1. Selection criteria and your qualifications for the program;

Non-Residential Applicants Only

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:

2a. fully participate in all mandatory events and activities organized by the National Program Office, and

2b. commit 20% of your time while working with your fellowship placement site;

3. The willingness of the writer's (or another person in a leadership position at your home institution) to serve as your advisor by assisting with your growth as a health policy leader, if selected;

4. Any financial or in-kind resources the institution will make available to assist you during the fellowship placement.

5. Name the file *lastname_firstname_LOR1.pdf*

3. Two Additional Letters of Reference

Two letters of recommendations from a supervisor, colleagues, or mentors who can confirm, highlight, emphasize, or otherwise explain your experience, interests, and strengths as described in your application. The references must be on letterhead and signed.

Name the file lastname_firstname_LOR2.pdf and LOR3.