

Office of Minority and Multicultural Health 2018 Cook/Rutledge Fellowship Program



Cook/Rutledge Fellowship Requirements

The New Jersey Department of Health (NJDOH), Office of Minority and Multicultural Health (OMMH) is the sponsor of the Cook/Rutledge Fellowship. To qualify students must be enrolled in a graduate school program of Medicine, Nursing Law, or Public Health (preferably, with a focus on research design, although not a requirement).

Students who are residents of New Jersey and currently enrolled in either a New Jersey university/college or, attending an out of state university/college are eligible to apply for the Fellowship. Out-of-state students attending a New Jersey university/college and residing in New Jersey temporarily during the academic year may also apply.

The fellowship placement will run for 10-12 consecutive weeks during the summer of 2018. Fellows should be prepared to discuss the OMMH vision, goals and objectives with the OMMH staff and demonstrate an understanding of the current and relevant health inequity/ health disparity issues impacting the racial and ethnic minority populations in New Jersey.

Applicants should note that requests to complete the fellowship after the summer months will **not** be honored. The OMMH Cook/Rutledge Fellowship is a summer program designed to begin and end during the summer months. Students who have graduated or will complete their programs by spring or summer 2018 may **not** apply.

Students who are currently employed and or have a work-visa status are **not** eligible to apply. The Fellowship has provisions for a \$6,000 stipend that is contingent upon availability of State funds.

Applicants are required to provide the following:

- 1. Cover Letter
- 2. Completed Cook/Rutledge Fellowship Program Application
- 3. Essay a typed, double-spaced essay (not to exceed 3 pages) describing the applicant's interest and experience relevant to the Fellowship. Please include any previous experience with research and/or policy development activities related to public health, and personal goals.
- 4. Resume
- 5. Deans' Letter (or Program Advisor) on school stationery documenting the applicant's current academic performance and that applicant will be enrolled in the medical, nursing, law or public health program during the upcoming academic year.
- 6. Completed Cook/Rutledge Fellowship Candidate Evaluation Form to be Completed by Instructor familiar with the applicant's academic performance.
- 7. Two (2) Letters of Recommendation from: a) college instructors indicating the applicant's commitment to and understanding of the issues facing racial and ethnic minority populations OR, b) community-based or faith-based organization or public health organization where the applicant volunteered, worked or assisted with a health care initiative that directly impacted a racial and/or ethnic minority groups.

Application Period and Deadline

- 1. The applicant filing period will be from February 12, 2018 through April 30, 2018. Incomplete applications will **not** be reviewed.
- 2. Applications must be received by close of business on due date (April 30, 2018).
- **3.** Applications must be sent to the OMMH via email **to both** <u>sudha.sharma@doh.nj.gov</u> and <u>jose.gonzalez@doh.nj.gov</u>.
- 4. Or US postal mail:

Jose A. Gonzalez, Program Specialist New Jersey Department of Health - Office of Minority and Multicultural Health PO Box 360/ 225 E. State Street, 2nd Floor West Trenton, NJ 08625-0360

New Jersey Department of Health Office of Minority and Multicultural Health

Cook/Rutledge Fellowship Program Application Summer 2018

Applicant's Name:
Mailing Address:
City, State, and Zip Code:
E-Mail Address:
Student Race/Ethnic Origin:
American Indian/Alaskan Native
Asian
Black/African American
Latino/Hispanic
Native Hawaiian or Pacific Islander
White
Applicant Currently Attending:
Grade Point Average (GPA):
Mailing Address:
City, State, Zip:
Telephone Number:
Major Health Disparity Area of Interest:

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE THE OMMH PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR THE PURPOSE ONLY OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE -ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED. THE FINAL AWARD AMOUNT WILL BE DEPENDENT UPON THE AVAILABILITY OF FUNDS DURING THE AWARD YEAR.

Signature of Applicant:	Date:	

COOK/RUTLEDGE FELLOWSHIP CANDIDATE EVALUATION (To be Completed by Instructor)

College/University			
Name of Candidate	Name of Program		
Print Name of Advisor/Evaluator		Date	

The characteristics listed below represent the attributes of the public health professional that the Cook/Rutledge Fellowship Internships strive to attain. **Please evaluate the applicant by circling appropriate numbers below and complete the narrative statement on page 2.**

Knowledge of Public Health Issues		2	3
Knowledge in Special Area of Concentration		2	3
Knowledge of Minority Health/Health Disparity Issues	1	2	3
Analytical Skills/Logical Thinking		2	3
Interpersonal Skills	1	2	3
Written Skills	1	2	3
Oral Skills	1	2	3
Commitment to Public Health Service	1	2	3
Commitment to Volunteer in Minority Communities	1	2	3

Ranking:

- 1. Moderately average
- 2. Average
- 3. Above average

Signature of Evaluator and date

Cook/Rutledge Evaluator Narrative Statement

Please specify strengths and weaknesses of the applicant and provide any additional information that you think may be helpful to our selection process.

Evaluator Signature/ Date: