

DISSERTATION FELLOWSHIP APPLICATION FORM

The Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship for Health Promotion, Physical Fitness and Community Health Education

2017-2018 Award Year

Application deadline: **March 31, 2018**

I. APPLICANT INFORMATION *(Complete the information below legibly.)*

Name: _____

Address: _____ Apt. #: _____

City/State _____ Zip Code: _____

Email address: _____

Daytime Phone #: _____ Evening Phone #: _____

Racial/Ethnic
Background: _____

How did you hear
about us? _____

II. DOCTORAL PROGRAM INFORMATION

School of
attendance: _____ Student ID: _____

Expected/actual
graduation date: _____ Cum. GPA: _____

Degree objective: _____ Program of Study: _____

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III. ELIGIBILITY INDICATORS

1. Have you applied for this award type before?
☐ Yes | *Date(s):* / / ☐ No
2. Fellowships are tenable at any full-time fully accredited, non-proprietary (not for profit) U.S. institution of higher education offering a DrPH or Ph.D. degree in the fields.
3. Are you a Student from a historically, underrepresented racial groups and in the dissertation phase of your doctoral program?
☐ Yes ☐ No
4. Does your dissertation research demonstrate a strong commitment to pursuing academic interest in all of the following:
 - a. Issues of obesity and related chronic disease prevention, which are addressed through physical activity (e.g. Instant Recess®) and other health behaviors, community-appropriate, user-friendly strategies, and other health promotion strategies (e.g. nutrition) with the ultimate goal of reducing the disproportionately high risk of obesity and related chronic diseases among underserved populations.
 - b. Working to improve the health prospects in underserved communities and minority populations in the U.S.
 - c. Conducting community-based participatory research.☐ Yes ☐ No
5. When do you expect to finish your dissertation?
Date(s): / /
6. Do you currently hold or have you previously held a dissertation award or award as a fellow?
☐ Yes ☐ No

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IV. AWARDS

1. Have you applied for funding for this dissertation?

☐ Yes ☐ No

If yes, beginning with the most recent, list awards you have secured or may secure to complete this dissertation:

From: To:

Award name:

Award Type:

Have you applied for (or will you) apply this funding award? ☐ Yes ☐ No Amount applied for: \$

Have you secured this funding award? ☐ Yes ☐ No If yes, award amount secured:

Award purpose:

If yes, beginning with the most recent, list awards you have secured or may secure to complete this dissertation:

From: To:

Award name:

Award Type:

Have you applied for (or will you) apply this funding award? ☐ Yes ☐ No Amount applied for: \$

Have you secured this funding award? ☐ Yes ☐ No If yes, award amount secured:

Award purpose:

If yes, beginning with the most recent, list awards you have secured or may secure to complete this dissertation:

From: To:

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Award Type:

Have you applied for (or will you) apply this funding award? ☐ Yes ☐ No Amount applied for: \$

Have you secured this funding award? ☐ Yes ☐ No If yes, award amount secured:

Award purpose:

If yes, beginning with the most recent, list awards you have secured or may secure to complete this dissertation:

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Award Type:

Have you applied for (or will you) apply this funding award? ☐ Yes ☐ No Amount applied for: \$

Have you secured this funding award? ☐ Yes ☐ No If yes, award amount secured:

Award purpose:

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V. RECOMMENDERS INFORMATION

Please provide the names and contact information of the three individuals writing your letter of recommendations:

Recommendation 1: Dissertation Chair

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity do you know the applicant?: _____ How long have you known the applicant?: _____

Recommendation 2: Faculty Member

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity do you know the applicant?: _____ How long have you known the applicant?: _____

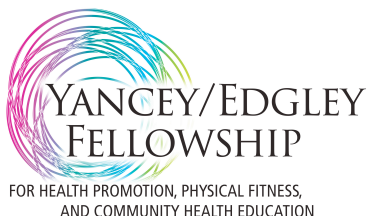
Recommendation 3: Community Health Professional

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity do you know the applicant?: _____ How long have you known the applicant?: _____



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VI. DISSERTATION PHASE VERIFICATION/DISSERTATION CHAIR ENDORSEMENT (To be completed by dissertation chair)

As dissertation chair to the applicant, I endorse the applicant as an eligible candidate for the Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship, certify the applicant is a currently-enrolled DrPH or Ph.D. student at an accredited university, has entered the dissertation phase on / / and is making satisfactory progress to complete their dissertation by / / .

I certify that the information provided is true and complete to the best of my knowledge. I make this statement to the Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship with full knowledge that any false or misleading information may be sufficient cause for the candidate's dismissal and a forfeit of any award.

Dissertation Chair Name (Please print/type)	Signature	Date
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VII. CANDIDATE CONSENT AND RELEASE

I hereby authorize individuals, organizations, previous employers, and schools to provide any information they may have regarding me, whether or not it is in their records. This may include otherwise privileged or confidential information relative to my professional qualifications, credentials, clinical and/or professional competence, character, mental, moral behavior or any matter having bearing on my consideration of a fellowship award opportunity offered by or through the:

The Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship for Health Promotion, Physical Fitness and Community Health Education

I release all individuals, organizations, previous employers, and schools from all liability for any damage which may result from issuing this information.

Further, I extend to the Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship its authorized representatives, and any third parties absolute immunity and release from liability for information gathered from public records and/or interviews as outlined above.

I agree that a photocopy of this authorization is to be accepted with the same authority as the original, and I specifically waive written notice from any present or former employer and/or organization who may provide information based upon this authorized request.

I, _____, authorize to release said information to the organization named above and its authorized representatives, upon receipt.

Signature: _____ Date: / /
Print name: _____

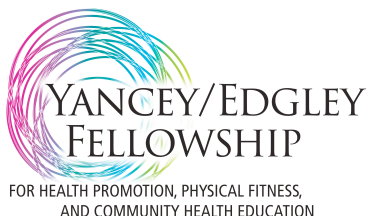
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VIII. INTEREST STATEMENTS

The Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship for Health Promotion, Physical Fitness and Community Health Education mission is to develop leaders of color who are committed to fighting obesity in underserved populations through community-based participatory research, intervention and prevention using physical activity, and other health promotion strategies. The Dissertation Fellowship seeks to fund dissertation research which examines innovative ways and methods which integrate physical fitness as a key strategy for making positive changes in people's health; specifically, in reducing the disproportionately high risk of obesity and related chronic diseases among underserved populations and minority populations.

Considering program goals, complete essay questions 1-6 to tell us more about your application interest, motivation, eligibility, and award fit.

- 1.) In 500 words or less, describe how the following are used in your dissertation research to contribute to reducing the disproportionately high risk of obesity and related chronic diseases among underserved populations and minority populations: (a) relevance to developing or evaluating interventions to improve physical activity and other health behaviors (b) community-based participatory research approaches, and (d) improving the health prospects of underserved communities and minority populations?
- 2.) In 500 words or less, state how your training, background, and career plans make you highly qualified to advance the prevention of obesity and related chronic diseases through physical activity and other health behaviors using community-appropriate, user-friendly strategies, targeting communities at high risk?
- 3.) In 500 words or less, describe what motivated your personal interest in reducing the disproportionately high risk of obesity and related chronic diseases among underserved populations and minority populations. For instance, what pushed and/or inspired you to commit your time and expertise to solving these public health problems? Do you have personal challenges, personal history or unique characteristics that explain your interest? Were there specific experiences that contributed to your career goals?
- 4.) In 100 words or less, how will the financial award be used to support your research conducted in the dissertation phase?
- 5.) In 100 words or less, what does mentoring mean to you and what type of mentoring support do you hope to gain from this program?
- 6.) In 100 words or less, is there anything else you would like to add?



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SIGNATURE OF APPLICANT

I certify that answers given herein, as well as all information provided, are true and complete to the best of my knowledge. I authorize Dr. Antronette Yancey (Toni) and Darlene Edgley Fellowship to make such investigations and inquiries of my academic and employment history and other related matters as may be necessary to arrive at an award decision. I hereby release all employers, academic institutions, and individuals from all liability in responding to inquiries regarding this fellowship application.

I make this statement to the Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship with full knowledge that any false or misleading information may be sufficient cause for dismissal and forfeit any and all of fellowship award.

Applicant Name (Please print/type)	Applicant Signature	Date
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Submission instructions

- 1.) To apply, submit the following application materials March 31, 2018:
 - Completed **Dissertation Fellowship Application Form**
 - Current CV
 - 3 letters of recommendation (completed and submitted on official letterhead) accompanied by **Recommendation Forms** from:
 - 1 dissertation chair recommender
 - 1 faculty member recommender
 - 1 community health professional recommender
 - Mail official, sealed transcripts from all schools attended (including the most recently completed quarter/semester of your current school) to:

Attn.: Official Transcripts
2016-2017 Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship
PO Box 1928
Santa Monica, CA 90406
- 2.) Use the following link to upload completed application form and current CV:
<https://fs20.formsite.com/yefellow/form1/index.html>

Question(s): (323) 935-7141 | info@yanceyfellowship.org