THE COMMONWEALTH FUND FELLOWSHIP IN HEALTH POLICY LEADERSHIP AT HARVARD UNIVERSITY

APPLICATION FOR ADMISSION

2027-2028

PART I.

NAME

Last	First	Middle
Degree ☐ MD OR DO ☐ MPH ☐ Other (Specify, for example MS, MBA, PhD):		

MAILING ADDRESS

Street	Suite	City	State	Zip + 4	Country

PERMANENT ADDRESS ☐ SAME AS MAILING ADDRESS

Street	Suite	City	State	Zip + 4	Country

CONTACT INFORMATION

Cell Phone	Email
Work Telephone	Work Email

PERSONAL INFORMATION

US Citizen or US Permanent Resident ☐ Yes ☐ No	Month/Day/Year of Birth

What is your gender identity? **(OPTIONAL)** [This information is not shared with the selection committee or application reviewers.]

☐ Man ☐ Woman ☐ Non-binary, intersex, gender fluid person ☐ I prefer not to answer

PERSONAL INFORMATION (OPTIONAL) [This information is not shared with the selection committee or application reviewers.]

How do you self-identify your race/ethnicity? Please select all that apply:

☐ **Hispanic, Latino, or of Spanish origin**
- ☐ Argentinean
- ☐ Colombian
- ☐ Cuban
- ☐ Dominican
- ☐ Mexican
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Other Hispanic (please specify):

☐ **American Indian or Alaska Native**
- ☐ Tribal affiliation:

☐ **Asian**
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Indian
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian

- ☐ Pakistani
- ☐ Taiwanese
- ☐ Vietnamese
- ☐ Other Asian (please specify):

☐ Black or African American
- ☐ African
- ☐ African American
- ☐ Afro-Caribbean
- ☐ Other Black (please specify):

☐ Middle Eastern or North African
- ☐ Afghan
- ☐ Arab
- ☐ Armenian
- ☐ Egyptian
- ☐ Iranian/Persian
- ☐ Lebanese
- ☐ Syrian
- ☐ Other Middle Eastern or North African (please specify):

☐ Native Hawaiian or Other Pacific Islander
- ☐ Guamanian
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other Pacific Islander (please specify):

☐ White

☐ Other (please specify)

☐ I prefer not to answer

FIRST GENERATION STUDENTS

Are you the first member of your immediate family to complete an undergraduate degree?

☐ Yes ☐ No

Are you the first member of your immediate family to pursue a graduate/professional degree?

☐ Yes ☐ No

CURRENT POSITION

Job Title	Institution		
Address	City	State	Zip
Dates			

PART II.

WORK HISTORY List most recent position first, excluding current position. Please do not refer to resume.

Dates	Institution	Job Title	Status
to			☐ FT ☐ PT ☐ Summer
to			☐ FT ☐ PT ☐ Summer
to			☐ FT ☐ PT ☐ Summer
to			☐ FT ☐ PT ☐ Summer
to			☐ FT ☐ PT ☐ Summer
to			☐ FT ☐ PT ☐ Summer

EDUCATION HISTORY List most recent institution first, including colleges, universities, and post-secondary/medical education training.

Institution	City/State/Country	Dates Attended	Major	Degree	Year	GPA
		to				
		to				
		to				
		to				

BOARD CERTIFICATION

Board	Eligibility	Date Received
	☐ BE ☐ BC	
	☐ BE ☐ BC	
	☐ BE ☐ BC	

AWARD HISTORY List major distinctions, honors, and awards from academic, professional, and government sources. Please explain basis of award.

ACTIVITY HISTORY List major community, professional, or extracurricular activities in order of importance to you.

Activity	Office/Honor	Status	Dates Attended
		☐ Elected ☐ Appointed	to
		☐ Elected ☐ Appointed	to
		☐ Elected ☐ Appointed	to
		☐ Elected ☐ Appointed	to
		☐ Elected ☐ Appointed	to
		☐ Elected ☐ Appointed	to

SERVICE HISTORY **Indicate your experience with the following services.**

Military	Branch/Rank	Year(s)	Dates to
National Health Service Corps	Year(s)	Location	Dates to
U.S. Public Health Service	Year(s)	Location	Dates to
Peace Corps	Year(s)	Location	Dates to
Other Volunteer Service	Year(s)	Location	Dates to
Other Volunteer Service	Year(s)	Location	Dates to

PART III.

PUBLICATIONS

Please attach a list of your publications, organized by category – articles, books, abstracts, or other significant research work. You have the option of submitting one representative sample (10-20 pages). Explain your precise role in producing the work. Do not send multimedia samples.

PRIOR APPLICATION

Have you previously applied to any degree program at the Harvard T.H. Chan School of Public Health or Harvard Kennedy School or any other academic program within Harvard University?

☐ No ☐ Yes

To which program?	In what year?	Result ☐ Accepted ☐ Declined ☐ Deferred
To which program?	In what year?	Result ☐ Accepted ☐ Declined ☐ Deferred
To which program?	In what year?	Result ☐ Accepted ☐ Declined ☐ Deferred

RECOMMENDATIONS

List the name, title, institution, and email address for each of the three recommenders who will submit recommendation forms on your behalf. The forms will be sent directly via email to your recommenders.

Name	Name	Name
Title	Title	Title
Institution	Institution	Institution
Email	Email	Email

How did you first learn about The Commonwealth Fund Fellowship in Health Policy Leadership at Harvard University? **Please check all applicable boxes.**

☐ Individual (Harvard Faculty, Alumni, etc.) Please specify name of individual below:	☐ Brochure Please specify hard copy or electronic brochure:	☐ Social Media (LinkedIn, Facebook)
☐ Email (Please specify name of individual)	☐ CFF Website	☐ Advertisement (Journal, e-newsletter) Please specify:
☐ Conferences and meetings Please specify:	☐ Professional Associations Please specify name of professional association	☐ Flyer
☐ Webinar	☐ Other Source Please specify:	

STATUS OF CHAN OR HKS APPLICATION

Have you submitted your application for the Master of Public Health degree program to the Harvard T.H. Chan School of Public Health or the Midcareer MPA degree program to the Harvard Kennedy School? **(You must submit an application for the MPH or MPA to be considered for the fellowship.)**

☐ No	☐ Yes
	If yes, date submitted:

STATUS OF FINANCIAL AID APPLICATION

Have you indicated you want to be considered for financial aid in your online application to the Harvard Chan School or Harvard Kennedy School? **(You must submit a financial aid application to Harvard CHAN or HKS to be considered for the fellowship.)**

☐ No	☐ Yes

PART IV.

ESSAY QUESTIONS

Please provide answers to the following questions.
Limit each answer to 500-750words (2-3 pages).
Type each answer on its separate sheet clearly headed with its number in the upper left-hand corner <Question #__ > and your full name in the upper right-hand corner.

QUESTION #1A

Please attach a copy of your resume that describes each significant position that you have held. List title, institution, dates, and major duties.

QUESTION #1B

The Fellowship Advisory Committee is interested in your academic, professional, and personal development. Please describe your experiences in public sector, government, or political activity (not fully explained in your resume) that direct you into a career in public health, policy, and healthcare delivery.

QUESTION #2
Describe two defining experiences—one addressing your involvement and contribution toward an endeavor that succeeded in its objectives, and one addressing an experience with a disappointing outcome, setback, or failure. These defining experiences, for example, might address activities involving systemic change at organizational, local or national levels; or an endeavor reflecting an improvement in health outcomes; or a policy intervention, etc. Explain what you learned about yourself from these two experiences.

QUESTION #3A
Describe a success as a leader which demonstrates your skills and strength in leadership focusing on community efforts, quality improvement, transformation of health care delivery systems or health policy.

QUESTION #3B
Reflect on a time when you were questioned or challenged on a belief or idea. What action did you take and what prompted your thinking? What was the outcome?

QUESTION #4
Explain why you think that The Commonwealth Fund Fellowship in Health Policy Leadership at Harvard University will prove important to advancing your personal and professional development. Address in your statement specific factors that led to your decision to apply; specific expectations for how your course of study will build on your prior professional experience and prepare you for a leadership role in formulating and implementing public health policy and practice on a national, state, and/or local level; also include specific career goals that you plan to achieve by participating in this program.

QUESTION #5
Describe a health policy or public management problem with which you are familiar, have interest in, or worked directly to address. Explain its importance and describe a solution/s to the problem you identified.

FOR MPA APPLICANTS TO HKS ONLY
QUESTION #6
Explain how you have applied your MPH training in a real world situation, particularly in health policy or public health practice. Discuss what you expect to gain from participating in the Mid-Career MPA Program at the Harvard Kennedy School.

I hereby certify that the information given by me in this application is complete and accurate and I understand that any misrepresentation or omissions may be cause for denial or revocation of acceptance or subsequent dismissal from the program and that such a decision is final and not subject to appeal. I understand that my application and any materials submitted with my application become the property of The Commonwealth Fund Fellowship in Health Policy Leadership at Harvard University and cannot be returned to me.

Signature	Date