

**MASTER LEVEL FELLOWSHIP APPLICATION FORM**

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

**2020-2021 Award Year**

*Application deadline: TBD*

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

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Racial/Ethnic Background: \_\_\_\_\_

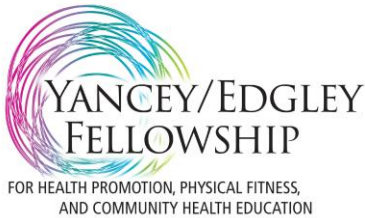
How did you hear about us? \_\_\_\_\_

**II. MASTER PROGRAM INFORMATION**

School of attendance: \_\_\_\_\_ Student ID: \_\_\_\_\_

Expected/actual graduation date: \_\_\_\_\_ Cum. GPA: \_\_\_\_\_

Type of Degree (e.g., MPH.): \_\_\_\_\_ Degree Discipline (e.g., Community Health Science): \_\_\_\_\_



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**III. ELIGIBILITY INDICATORS**

1. Have you applied for this award 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 Master-level degrees.

3. Are you a student from a historically, underrepresented racial and/or ethnic group?

Yes     No

If yes, select the racial/ethnic group below:

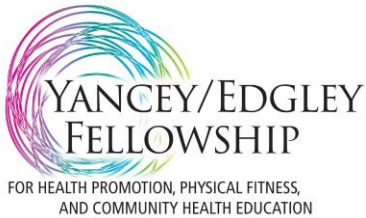
- American Indian or Alaska Native
- African American or Black
- Asian
- Hispanic or Latino
- Pacific Islander
- Other \_\_\_\_\_

4. Have you completed at least one academic year of your master’s program? Yes \_\_\_/No \_\_\_

5. What is your expected graduation date for your program? *Date(s):*     /     /

**IV. FELLOWSHIP AWARDEE REQUIREMENT:**

If selected, the awardee will be required to complete a research-based project focused on health promotion, physical fitness, or community health education.



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**V. AWARD**

List funding you have received for your current master project.  
Include internal and external funding sources such as grants, fellowships, and scholarships to date:

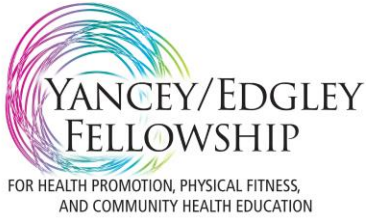
Date of funding from:                      To:  
Award Name:  
Award Type:  
Amount applied for: \$  
Amount secured: \$  
Award purpose:

Date of funding from:                      To:  
Award Name:  
Award Type:  
Amount applied for: \$  
Amount secured: \$  
Award purpose:

Date of funding from:                      To:  
Award Name:  
Award Type:  
Amount applied for: \$  
Amount secured: \$  
Award purpose:

Date of funding from:                      To:  
Award Name:  
Award Type:  
Amount applied for: \$  
Amount secured: \$  
Award purpose:

Date of funding from:                      To:  
Award Name:  
Award Type:  
Amount applied for: \$  
Amount secured: \$  
Award purpose:



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**VI. INFORMATION ON REFERENCES**

*Please provide the names and contact information of the 2 individuals writing your letters of recommendation:*

**Recommendation 1: Faculty Advisor or Thesis Chair**

Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In what capacity have you worked with this person?

\_\_\_\_\_

How long have you known them?

\_\_\_\_\_

**Recommendation 2: Community Health Professional/Internship Preceptor**

Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

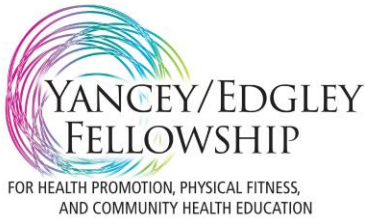
Email: \_\_\_\_\_

In what capacity have you worked with this person?

\_\_\_\_\_

How long have you known them?

\_\_\_\_\_



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**MASTER’S THESIS VERIFICATION/ACADEMIC ADVISOR ENDORSEMENT  
(To be completed by Faculty Advisor/Program Director)**

As an academic recommender to the applicant, I endorse the applicant as an eligible candidate for the Dr. Antronette (Toni) Yancy and Darlene Edgley Fellowship, I certify that the applicant is a currently enrolled master’s student at an accredited university and has successfully completed one academic year of their Master program. 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.

\_\_\_\_\_  
Faculty Advisor/Program Director (Please print/type) | Signature | Date

**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, 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**

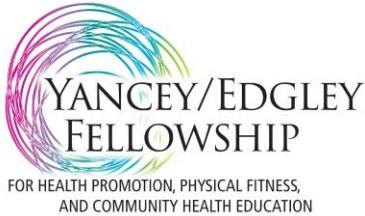
I release all individuals, organizations, previous employers, and schools from all liability for any damage which may result from issuing this information.

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: \_\_\_\_\_



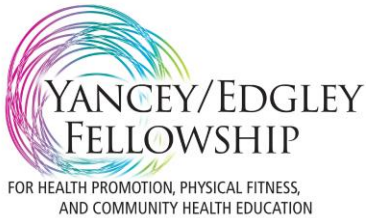
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### PERSONAL STATEMENTS

The mission of The Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship for Health Promotion, Physical Fitness and Community Health Education is to develop leaders of color who are committed to fighting obesity-related health disparities in underserved minority populations. We support their efforts to promote physical activity and other health promotion strategies through community-engaged research, innovative interventions, policy, systems, and environmental change. The Fellowship funds master level projects that integrate effective public health strategies to influence positive changes in the health of communities; specifically, reducing the disproportionately high risk of obesity and related chronic diseases (e.g., cancer, hypertension, diabetes, etc.) among underserved minority populations.

With the Yancey/Edgley Fellowship's mission in mind, complete prompts / questions 1-7 to help us learn more detailed information about your interests, motivations, eligibility, and overall award fit.

1. In 250 words or less, describe the elements of your skill sets, training, and background that qualify you to advance the prevention of obesity and related chronic diseases in high-risk communities through physical activity and other health behaviors using community-engaged research, and user-friendly strategies.
2. In 250 words or less, describe what motivated your personal interest in reducing the disproportionate rate of health disparities, among underserved and minority populations.
3. In 100 words or less, explain how this financial award will be used to support you in your academic journey.
4. In 500 words or less, describe your proposed project. Be sure to explain how your project will employ innovative approaches to addressing obesity-related chronic disease health disparities (e.g., physical activity promotion, policy change, community-engaged research, etc.) in underserved or minority populations in the U.S.? Also include:
  - (a) relevance to developing or evaluating interventions to improve physical activity and other health behaviors
  - (b) community-engaged research approaches and improving the health prospects of underserved and minority populations

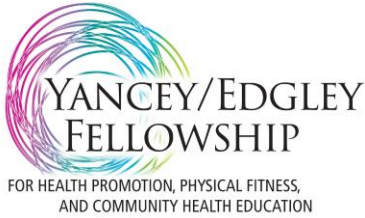


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(c) speak to the innovative aspects of your research

(d) Chronic disease prevention (e.g., obesity, cancer, cardiovascular disease, diabetes, hypertension) requires innovative, interdisciplinary solutions

5. Please upload a PDF document that illustrates the proposed timeline for your project. Include a table that highlights activities to be completed each month to carry out each step of your project, from development to completion.
6. In 300 words or less, describe a future contribution to obesity-related health disparities that would bring you personal or professional satisfaction.
7. In 100 words or less, please share anything you would like the selection committee to consider or be aware of when evaluating your application.



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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 all fellowship awards.

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

- To apply, submit the following application materials by **TBD**:
  - Completed **Master Level Fellowship Application Form**
  - Current CV
  - At least 2 letters of recommendation (completed and submitted on official letterhead) accompanied by **Recommendation Forms** from:
    - 1 Faculty Advisor or Thesis Chair recommender
    - 1 Community Health professional/ Internship Preceptor recommender
  - Mail official, sealed transcripts from all schools attended (including the most recently completed quarter/semester of your current school) to:

Attn.: Official Transcripts  
2020-2021 Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship  
215 Campo Dr. Long Beach, CA 90803

- Use the following link to upload completed application form and current CV:  
**\*link coming soon\***

**Question(s):** (323) 228-4151 | [info@yanceyfellowship.org](mailto:info@yanceyfellowship.org)