

DOCTORAL 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: **January 10, 2021**

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

Name: _____

Address: _____ Apt. #: _____

City/State: _____ Zip Code: _____

Email address: _____

Daytime Phone #: _____ Evening Phone #: _____

Racial/Ethnic Background: _____

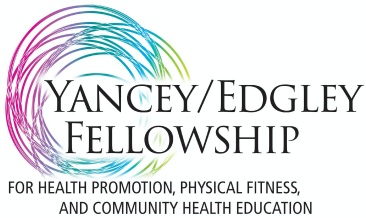
How did you hear about us? _____

II. DOCTORAL PROGRAM INFORMATION

School of attendance: _____ Student ID: _____

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

Type of Degree (e.g. Ph.D.): _____ 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 doctoral degrees.

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

☐ Yes ☐ No

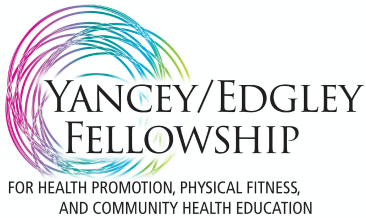
If yes, mark the racial and/or ethnic group that you belong to below:

- ☐ African-American/Black
- ☐ Hispanic/Latinos
- ☐ Native Hawaiian/Alaskan Native
- ☐ Pacific Islander/Asian: Hmong, Cambodians, Laotians, Vietnamese
- ☐ Other _____

4. Which best describes your current phase of your doctoral program?

- ___ Completing coursework
- ___ Advanced to candidacy (Successfully completed qualifying exams)
- ___ Defended dissertation proposal
- ___ Other Please specify: _____

5. When is the estimated date of completion for your program? *Date(s)*: / /



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IV. AWARDS

List funding you have secured for your doctoral program (Include internal and external funding sources):

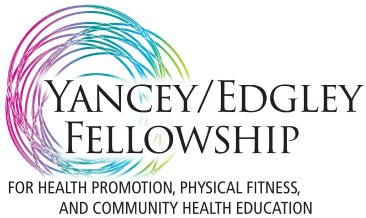
Date of funding from: To:
Award Name:
Award Type:
Amount applied for: \$
Amount secured: \$
Award purpose:

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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V. INFORMATION ON REFERENCES

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

Recommendation 1: Primary Research Mentor/or Dissertation Chair

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity have you worked with this person? _____ How long have you known them? _____

Recommendation 2: Faculty Advisor/or Program Director

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity have you worked with this person? _____ How long have you known them? _____

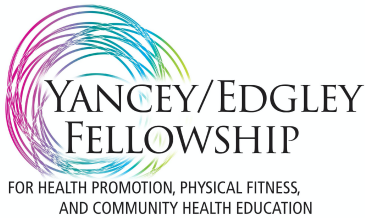
Recommendation 3: Community Health Professional

Name/Title: _____

Organization: _____

Phone: _____ Email: _____

In what capacity have you worked with this person? _____ How long have you known them? _____



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VI. DOCTORAL PHASE 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) Yancey and Darlene Edgley Fellowship, I certify that the applicant is a currently enrolled doctoral student at an accredited university and is making satisfactory progress in their doctoral 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 (Tony) 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/or Dissertation Chair (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.

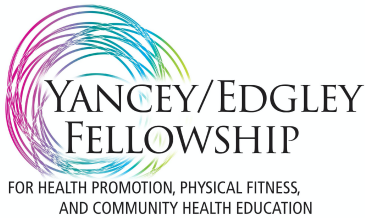
I agree that a photocopy of this authorization is to be accepted with the same authority as the original, and I specifically waive written notice from any present or former employer and/or organization who may provide information based upon this authorized request.

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

Signature: _____

Date: ____ / ____ / ____

Print name: _____



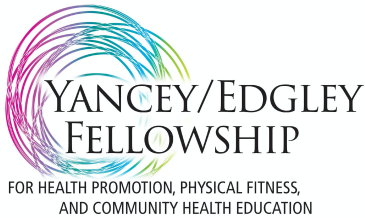
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VIII. INTEREST STATEMENTS

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-related health disparities in underserved communities and 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 doctoral-level research that integrates 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 communities and minority populations.

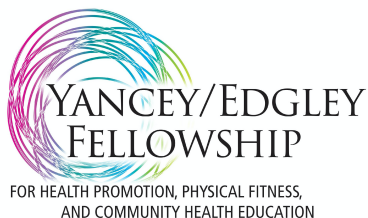
Considering the Yancey/Edgley Fellowship's mission, complete prompts questions 1-8 to tell us more about your application interest, motivation, eligibility, and award fit.

1. In 500 words or less, describe your proposed research project, explain how your research 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 and minority populations in the U.S.? Your research project should address the following: (a) relevance to developing or evaluating interventions to improve physical activity and other health behaviors, (b) community-engaged research approaches improving the health prospects of underserved communities and minority populations, and (c) should speak clearly to the innovative aspects of your research.
2. In 250 words or less, speak to specific 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.
3. In 250 words or less, describe what motivated your personal interest in reducing the disproportionately high risk of chronic disease health disparities, among underserved communities and minority populations. For instance, what pushed and/or inspired you to commit your time and expertise to solving these public health problems? Describe any specific life experiences or personal challenges that helped to shape your interest and career goals.



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4. In 100 words or less, explain how this financial award will be used to support your doctoral research and provide a proposed budget for how your funds will be utilized, if awarded. Use the link below to upload an attachment in PDF form with your brief explanation and proposed budget.
5. In 200 words or less, provide an example of how you have taken a proactive role in developing a mentoring relationship, and how this relationship has aided your professional development.
6. Please upload a PDF document that illustrates the proposed timeline for your research project. Include a table that highlights activities to be completed each month to carry out each step of your research project, from development to completion.
7. In 100 words or less, please describe your post-graduation goals. Please describe your career/professional aspirations after completing your doctoral degree. Be as specific as possible.
8. 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 any and all fellowship awards.

Applicant Name (Please print/type)

Applicant Signature

Date

Submission instructions

1.) To apply, submit the following application materials January 10, 2021:

- Completed **Doctoral Fellowship Application Form**
- Current CV
- 3 letters of recommendation (completed and submitted on official letterhead) accompanied by **Recommendation Forms** from
 - 1 primary research mentor/or dissertation chair recommender
 - 1 faculty advisor/or program director 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
2020-2021 Dr. Antronette (Toni) Yancey and Darlene Edgley Fellowship
215 Campo Dr. Long Beach, CA 90803

2.) Use the following link to upload completed application form and current CV:

<https://fs20.formsite.com/yefellow/form1/index.html>

Question(s): (323) 228-4151 | info@yanceyfellowship.org