## MCH Information Resource Center GRADUATE STUDENT INTERNSHIP PROGRAM (GSIP) 2008 Student Application Packet

This packet contains the application materials for the 2008 Graduate Student Internship Program. This program provides graduate students with the opportunity to address specific, defined data or analytic issues to assist state and local health agencies in developing their MCH/CSHCN information systems. This year, the GSIP will support 20 student interns, who will conduct 12-week internship programs in state or local health departments. Student interns will be paid a stipend of \$5,000 for the summer or fall, and will be required to submit a final report at the conclusion of their internships.

Master's and doctoral degree candidates in U.S. schools of public health in Maternal and Child Health (MCH) programs or in related programs that involve MCH studies, who are U.S. citizens or non-citizen permanent residents in the U.S. may apply. Also, student applicants should not graduate before the completion of their internship.

To apply, students must submit the following:

- A completed application form;
- A 500-word essay discussing their interest in the internship project;
- Two letters of recommendation, one of which should be from the student's graduate advisor; and
- A current resume or *curriculum vitae*.

Applicants should choose at least two internship projects from the 2008 Catalog of Internship Opportunities. This catalog details internship opportunities available in state health agencies and city health departments. Read each proposal thoroughly, then select up to three and indicate your choices in the appropriate section on the application form. Rank choices in descending order of preference and give reasons for rankings. The GSIP Committee intends to match interns with the most appropriate internship opportunities regardless of student or state location. Committee members will make every effort to honor the applicant's ranked choices.

Questions should be directed to Sherri Vodenichar at (202) 842-2000, fax (202) 728-9469, or mchirc@altarum.org.

Please return completed applications to: MCH Information Resource Center The Altarum Institute 1200 18<sup>th</sup> Street, N.W. Suite 700 Washington, DC 20036 Attention: Sherri Vodenichar

## MCH Information Resource Center Graduate STUDENT INTERNSHIP PROGRAM (GSIP) 2008 Student Application Form

This internship opportunity is offered to qualified students without regard to age, sex, race, sexual orientation, creed, national origin, martial status, veteran status, or handicap.

| <b>Instructions:</b> Please read all questions type or print neatly. | s carefully and provide appro | priate responses. Please      |
|--|-------------------------------|-------------------------------|
| Last Name  | First Name                    | Middle or other               |
| Current Address  |                               |                               |
| Telephone  |                               |                               |
| Permanent Address  |                               |                               |
| Email  | Citizen N                     | on-Citizen Permanent Resident |
| Social Security Number   | Date of Birth                 | / / SexMF                     |
| Education History  | i                             |                               |
| Undergraduate Institution  |                               |                               |
| Address  | Phone                         | Dates Attended                |
| Program of Study   | Degree Awarded                | Cum. GPA                      |
|  |                               |                               |
| Current Graduate Institution   |                               |                               |
| Address  | Phone                         | Dates Attended                |
| Program of Study   | Degree Awarded                | Cum. GPA                      |
|  |                               |                               |
| Other Graduate Institution   |                               |                               |
| Address  | Phone                         | Dates Attended                |
| Program of Study   | Degree Awarded                | Cum. GPA                      |

# **Application Form: Page Two**

- 1. List any academic honors, scholarships, or membership in honor societies.
- 2. List any published papers (include title, type of work, and date and place of publication), research in progress, or other significant original work.

Please check all that apply:

#### 3.a. Technical Skills

3.b.

4.

Identify all skills and experience related to computer applications, statistical competency, quantitative and/or qualitative analysis, and systems development. If appropriate, include course titles and description in Section 3.b.

| STATA<br>Epilnfo<br>MS Excel                   | Kaliograph<br>Lotus<br>Quatro Pro<br>Word Perfect<br>MS ACCESS | Internet Explorer         S Plus         MS Word         MS PowerPoint         DBASE         FoxPro         Other | Other |
|--|--|---|-------|
| Course Work                                    |  |   |       |
| Biostatistics                                  | One Semester   | _ Two or more semesters   | _     |
| Epidemiology                                   | One Semester   | _ Two or more semesters   | _     |
| Program Planning                               | Yes No _   |   |       |
| Program Evaluation                             | Yes No _   |   |       |
| Needs Assessment                               | Yes No _   |   |       |
| Research Methods                               | Yes No _   |   |       |
| <b>Practical Experienc</b><br>Program Planning |  | b experience/training)  |       |
| Program Evaluation                             |  |   |       |
| Proposal Writing                               |  |   |       |
| Needs Assessment                               |  |   |       |
| Other  |  |   |       |

## **Application Form: Page Three**

#### 5. **Professional Interests:**

- a. Please list any particular concentrations within public health in which you are interested in gaining new or additional experience (for example, policy, administration, program evaluation, statistical analysis, survey research methods, primary data collection, or others).
- b. Are you interested in working with any particular types of populations? (For example, children with special health care needs, homeless populations, WIC or Healthy Start populations, ethnically diverse populations).

#### 6. **Foreign Language Competency** (not required)

Are you fluent in any languages other than English? Please list and rate your competency level:

Languages(s):

| Writing Ability  | Poor | Fair | Good | Excellent |
|------------------|------|------|------|-----------|
| Reading Ability  | Poor | Fair | Good | Excellent |
| Speaking Ability | Poor | Fair | Good | Excellent |

### 7. Essay

In a concise manner and in no more than 500 words, discuss why you are interested in applying for an internship. The essay should address specific skills and knowledge you can bring to the program. Please attach the typed essay on separate pages.

- 8. **Letters of Recommendation** Please see Attachment A and Attachment B for Letter of Recommendation Forms and instructions.
- 9. This application is for the following internship opportunities (list a maximum of three in descending order of preference and briefly state reasons for ranking)

 1<sup>st</sup> Choice:

 2<sup>nd</sup> Choice:

 3<sup>rd</sup> Choice:

#### Statement and Signature

I certify that the information provided on this application is to the best of my knowledge, complete and accurate.

Signature

#### Attachment A MCH Information Resource Center GRADUATE STUDENT INTERNSHIP PROGRAM (GSIP) Recommendation Form: GRADUATE STUDENT ADVISOR

Instructions: This form should be completed by the student's graduate advisor and returned to the student in a sealed envelope with the advisor's signature across the seal.

#### To be completed by the student:

| Student's Last Name                                | First    | Middle or Other |  |
|--|----------|-----------------|--|
| Brief description of position applied for (first o | choice): |                 |  |
|  |          |                 |  |
|  |          |                 |  |
|  |          |                 |  |
|  |          |                 |  |

### To the recommender:

The student named above is applying for an internship that will involve him or her in assisting state or local maternal and child health or related agencies with data management and analysis. The Maternal and Child Health Information Resource Center would appreciate your input regarding this applicant. Please write candidly and analytically about the student's qualifications and potential to participate in the internship detailed above. Please complete the information below, seal your recommendation in an envelope, sign across the seal, and *return it to the applicant*. If you prefer to submit a letter, please attach it to this form. Thank you.

1. How long and in what capacity have you known the applicant?

2. What do you consider to be the applicant's major strengths and accomplishments as they pertain to suitability for an internship?

# Attachment A

- 3. What do you consider to be the applicant's weaknesses?
- 4. Please rate the applicant on the following categories with reference to potential for success in the Graduate Student Internship Program.

|  | Outstanding | Excellent | Good | Average | Below<br>Average | Unable<br>to |
|--|-------------|-----------|------|---------|------------------|--------------|
| Oral English                               |             |           |      |         |                  | Assess       |
| Written English                            |             |           |      |         |                  |              |
| Emotional Maturity                         |             |           |      |         |                  |              |
| Quantitative Ability                       |             |           |      |         |                  |              |
| Intellectual Ability                       |             |           |      |         |                  |              |
| Promise as a Public<br>Health Professional |             |           |      |         |                  |              |

- 5. Please comment on the ratings you assigned above and provide any further comments about the applicant's qualifications
- 6. Please check one: I recommend this applicant strongly

I recommend this applicant

I recommend this applicant with reservation I do not recommend this applicant

| Signature   | Date     |
|-------------|----------|
| Name        | Position |
| Institution |          |
| Address     |          |
| Telephone   | Email    |

## Attachment B

#### MCH Information Resource Center GRADUATE STUDENT INTERNSHIP PROGRAM (GSIP) Recommendation Form

Instructions: This form should be completed and returned to the student in a sealed envelope with the recommender's signature across the seal.

#### To be completed by the student:

| Student's Last Name                         | First          | Middle or Other |
|---|----------------|-----------------|
| Brief description of position applied for ( | first choice): |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |

#### To the recommender:

The student named above is applying for an internship that will involve him or her in assisting state or local maternal and child health or related agencies with data management and analysis. The Maternal and Child Health Information Resource Center would appreciate your input regarding this applicant. Please write candidly and analytically about the student's qualifications and potential to participate in the internship detailed above. Please complete the information below, seal your recommendation in an envelope, sign across the seal, and *return it to the applicant*. If you prefer to submit a letter, please attach it to this form. Thank you.

1. How long and in what capacity have you known the applicant?

2. What do you consider to be the applicant's major strengths and accomplishments as they pertain to suitability for an internship?

# Attachment B

- 3. What do you consider to be the applicant's weaknesses?
- 4. Please rate the applicant on the following categories with reference to potential for success in the Graduate Student Internship Program.

|  | Outstanding | Excellent | Good | Average | Below<br>Average | Unable<br>to |
|--|-------------|-----------|------|---------|------------------|--------------|
| Oral English                               |             |           |      |         |                  | Assess       |
| Written English                            |             |           |      |         |                  |              |
| Emotional Maturity                         |             |           |      |         |                  |              |
| Quantitative Ability                       |             |           |      |         |                  |              |
| Intellectual Ability                       |             |           |      |         |                  |              |
| Promise as a Public<br>Health Professional |             |           |      |         |                  |              |

- 5. Please comment on the ratings you assigned above and provide any further comments about the applicant's qualifications
- 6. Please check one: I recommend this applicant strongly

I recommend this applicant

I recommend this applicant with reservation I do not recommend this applicant

| Signature   | Date     |
|-------------|----------|
| Name        | Position |
| Institution |          |
| Address     |          |
| Telephone   | Email    |