

**Application for STAR Fellowship**

**2007-2008 Fellowship Program**

Please type or clearly print the requested information

**Personal Information**

Name \_\_\_\_\_

Current title and/or current faculty status \_\_\_\_\_

Current Institution \_\_\_\_\_

U.S. Social Security number \_\_\_\_\_

Birthdate \_\_\_\_\_

Mailing Address

Home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

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

Fax \_\_\_\_\_

Preferred mailing address:  Home  Office

Gender:  Male  Female

Cultural Heritage:

- African American/ Black  Native American  Asian  Puerto Rican Mexican American  
 White/Non-Hispanic  Other

How did you learn about the STAR Fellowship Program?

**Educational and Professional History**

List all colleges, graduate and professional schools attended. If studies are not complete, indicate degree and date expected

Institution & Location	Years attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Postdoctoral/Residency programs completed

Institution & Location

Years attended

Field(s) of Speciality

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Certifications received/Areas of scientific specialization

Speciality Board

Year

\_\_\_\_\_

Speciality Board

Year

\_\_\_\_\_

Speciality Board

Year

\_\_\_\_\_

List and give names of academic research or professional awards or honors

Date

Award

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List all current or past publications (attach additional sheets for this section if needed)

Dates

Office held

Organization

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe current or past experience in Health Disparity Research or Policy

Describe other relevant experiences to be considered

List all other work experience, beginning with current or most recent (attach additional sheets if necessary)

Dates	Position	Employer and Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**References**

Please provide the name, titles and complete address of three persons you have asked for recommendations

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Sponsors**

Please provide the name of the organization/institution sponsoring your application

Organization/Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Assurance of release time for participation  Yes  No

**Research and Computer skills**

Do you have access to computer for fellowship purposes?  Yes  No

If yes, what type of computer?  Mac  PC (IBM)

Do you have access to laptop computer for travel?  Yes  No

Please check each of the research/computer skills that you have acquired:

email  word processing  opening/sending attachments

internet research  library research  work with local librarian(s)

Power Point presentations  other (please specify) \_\_\_\_\_

**Statement of Purpose**

Describe briefly your reasons for seeking education in the field of Health Disparity. Indicate research areas of particular interest(not more than 1475 characters including space)

To the best of my knowledge, the information provided in this application, including all schools attended is accurate. I understand that misrepresentation of any portion of this application may be cause of canceling admission.

Agree

Disagree

Date \_\_\_\_\_

*Applications are encouraged by women, minorities, veterans and persons with disabilities*

Please email to [amathew@hsc.unt.edu](mailto:amathew@hsc.unt.edu)

or Mail to: STAR Fellowship Program, UNT Health Science Center, 3500 Camp Bowie Blvd, EAD-824, Fort Worth, TX 76107

**Complete Applications must be received by: March 1, 2007**

**Recommendation Form  
for 2007-2008  
STAR Fellowship Program**

Please return by March 1, 2007

To the applicant:

Type or clearly print your full name below. Give one of this form to each of the three individuals you are asking to recommend you.

Applicant's full name \_\_\_\_\_

To the individual recommending an applicant:

The person named above is applying for admission to the STAR Fellowship and has requested that your evaluation be included as part of the information on which the reviewers will evaluate his or her application

Individuals who are accepted must be able to fulfill the intellectual requirements of graduate study, and possess personal qualifications essential for professional performance in the field of Health Disparity.

We would appreciate your prompt, candid evaluation. Your response will be kept confidential and will be destroyed following pertinent review.

*Please type or clearly print the requested information*

How long have you known this applicant and in what capacity?

Have you worked with the applicant in his/her academic setting?

**Personal and professional appraisal:**

Characteristic	Superior	Above Average	Average	Below Average	Inadequate
Intellectual capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize efforts of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyse problems and solve them effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments**

In the space below, add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential as a Health Disparity Fellow.

**Recommendation for Health Disparity Fellowship:**

- Strongly recommend
- Recommend with reservations noted previously
- Recommend
- Do not Recommend

Please type or print

Your name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this completed form to:**    [amathew@hsc.unt.edu](mailto:amathew@hsc.unt.edu)

**or Mail to :**                                    STAR Fellowship Program  
University of North Texas, Health Science Center  
3500 Camp Bowie Blvd, EAD 824  
Fort Worth, TX 76107

**Please return this form by March 1, 2007**