

**Service Fellowship in Health Communication and eHealth
Office of Disease Prevention and Health Promotion**

Directions

- A. Complete the entire application Form (applicant information, references and personal statement).
- B. The completed form and a resume or CV must be received by the close of business on June 4, 2010. Send the information to HealthComm@hhs.gov
- C. Incomplete, illegible or faxed applications will not be reviewed.

Applicant Information

Name: _____ Date of Birth (mm/dd/yy): _____

Telephone: (Home) _____ (Work) _____

Current Mailing Address: _____ Permanent Address: _____

E-mail Address: _____

Preferred start date of the fellowship: _____

Other language proficiencies? If so, please list: _____

Applicant References

List 2 references from current supervisor, academic faculty and/or preventive medicine/public health professionals endorsing the applicant for the fellowship position. List names and contact information for the two references.

1) Name: _____

Email: _____

Phone: _____

Address: _____

2) Name: _____

Email: _____

Phone: _____

Address: _____

Essay (1,000 words or fewer)

- Personal interests, career goals, and academic or professional experience related to the fellowship; and
- Skills and talents you offer the fellowship position.

Print Name of Applicant _____

Signature: _____ Date: _____