

**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: _____