

# 2024 UCLA Public Health Scholars Training Program Application

---

## Start of Block: Welcome

Q1 Welcome to the online application for the UCLA Public Health Scholars Training Program. This program is part of the Centers for Disease Control and Prevention, Office of Health Equity's John R. Lewis Undergraduate Public Health Scholars Program (formerly Undergraduate Public Health Scholars Programs, or CDC CUPS). You may apply to other CDC Lewis Scholar Programs, but note that you must apply to each program *separately*. There is no centralized application. The UCLA Public Health Scholars Training Program encourages students and recent graduates from all backgrounds to apply. The 2024 UCLA Public Health Scholars Training Program will take place from **June 23 to August 17, 2024**.

You may confirm you are eligible [here](#).

**Applications must be submitted no later than Wednesday, January 31, 2024 at 11:59 pm PST to be considered. Late applications will not be accepted. There is no option to save your application.**

You are able to edit your responses up until you complete the application. You are able to return to the application to pick up where you left off and/or edit previous responses up until you submit the form. (Please note that in order to utilize this feature, this system stores cookies in your web browser to remember the responses. Clearing browser history or removing cookies will lose your application responses.)

**It is recommended you save your essay responses in a word document to prevent losing your work. In order to prepare in advance, you may view the PDF of the application [on our website](#).**

Once you submit the application, you will receive an email confirming your application has been received. Please save for your records. If you have any questions, you may contact [phscholars@ph.ucla.edu](mailto:phscholars@ph.ucla.edu). Due to the volume of applications received, we are unable to check the status of individual applications.

## End of Block: Welcome

---

## Start of Block: Eligibility



Q2 Please select which statement is true:

By June 20, 2024,

- I will have graduated community college.
- I will be enrolled as an undergraduate student in a four-year institution (*community college transfers eligible*) AND will have completed at least two years of undergraduate education.
- I will have graduated from an undergraduate degree program Fall or Winter Term 2023 and I will have not yet enrolled into a graduate program.
- I will have graduated from an undergraduate degree program Spring Term 2024 and I will have not yet enrolled into a graduate program.
- None of the above.



Q3 Have you participated in another CDC Lewis Scholar Program? (Formerly known as CDC Undergraduate Scholar Program, or CDC CUPS)

CDC Lewis Scholar Programs include: MCHC/RISE-UP (Kennedy Krieger Institute), Project IMHOTEP (Morehouse), Summer Public Health Scholars Program (Columbia University), FPHLP (Michigan School of Public Health), THESIS Program (Southern Plains Tribal Health Board), Pitt Public Health Undergraduate Scholars Program (University of Pittsburgh)

- Yes
- No

---

End of Block: Eligibility

---

Start of Block: Applicant Information

Q5

**Applicant Information**

---

Q6 Name

- First Name \_\_\_\_\_
- Middle Name (optional) \_\_\_\_\_
- Last Name \_\_\_\_\_
- Preferred Pronouns \_\_\_\_\_



Q7 Date of Birth

	Month	Day	Year
Please Select:	▼ January ... December	▼ 1 ... 31	▼ 1900 ... 2010

---

Q8 Mobile Number (Use format: XXX-XXX-XXXX)

\_\_\_\_\_



Q9 How did you find out about this program? (Check all that apply)

- Academic Advisor
- Career Fair Booth
- CDC Website
- Community Leader
- Conference Booth
- Family Member
- Friend
- Handshake
- Individual Email Correspondence
- Information Session at a College, University, or Other Institute of Higher Education
- Information Session at a Community-Based Organization
- Internet Search (e.g. Google)
- Listserv or Other Distribution List
- Other Professor
- Podcast
- Printed Materials (Flyer, Bulletin Board, Mailer)

- Public Health Scholar Alumni
  - Social Media / Social Networking Site
  - UCLA Program Website
  - Webinar
  - Other (please specify):
- 

-----

Q10 Email (Please make sure to enter your email correctly and accurately as this email will be used as the primary means of communication with you).

Email: \_\_\_\_\_

Confirm Email: \_\_\_\_\_

-----

Page Break \_\_\_\_\_

Q11 Permanent Address

Address Line 1 (Number and Street)

---

Address Line 2 (Apt, Suite, Room)

---

Q12 Permanent Address: City

---



Q13 Permanent Address: State/Province

▼ Alabama ... Not Applicable

Q14 Permanent Address: Zip Code/Postal

---



Q15 Permanent Address: Country

United States

Other (please specify): \_\_\_\_\_

Q16 Current Address

Address Line 1 (Number and Street)

---

Address Line 2 (Apt, Suite, Room)

---

-----

Q17 Current Address: City

---



Q18 Current Address: State/Province

▼ Alabama ... Not Applicable

-----

Q19 Current Address: Zip Code/Postal

---



Q20 Current Address: Country

United States

Other (please specify): \_\_\_\_\_

**End of Block: Applicant Information**

---

**Start of Block: Educational Information**

Q21

**Educational Information**

---



Q22 In September 2024, I will be a:

- Junior
  - Senior
  - Recent Graduate (Fall or Winter 2023 OR Spring 2024)
- 



Q23 Have you participated in another summer academic enrichment or summer research program?

- Yes
  - No
- 

Q24 Please provide the name of the program, the location, and the dates of participation for each of the summer academic enrichment or research programs.

---



Q25 Summer Program 1:

Program Name \_\_\_\_\_

Location \_\_\_\_\_

Program Start Date (MM/YY)  
\_\_\_\_\_

Program End Date (MM/YY)  
\_\_\_\_\_

Was this program focused on Public Health? (Y/N)  
\_\_\_\_\_

---

Q26 Summer Program 2

Program Name \_\_\_\_\_

Location \_\_\_\_\_

Program Start Date (MM/YY)  
\_\_\_\_\_

Program End Date (MM/YY)  
\_\_\_\_\_

Was this program focused on Public Health? (Y/N)  
\_\_\_\_\_

Q27 Summer Program 3

Program Name \_\_\_\_\_

Location \_\_\_\_\_

Program Start Date (MM/YY)  
\_\_\_\_\_

Program End Date (MM/YY)  
\_\_\_\_\_

Was this program focused on Public Health? (Y/N)  
\_\_\_\_\_

-----  
Page Break \_\_\_\_\_

Q28 What is the name of the college or university where you are currently enrolled?  
*If you have already graduated, please list the college or university where you received your degree.*

Please select the state, territory, or country where the college or university is located.

Please select your college. If you do not see it listed, please select "Not listed."

▼ AK - Alaska ... International (Not Listed) ~ NOT LISTED

Q29 If your college or university was **not listed** above, please type it here.

---



Q30 Have you attended any other colleges or universities?

Yes

No

Q31 Please list all other colleges or universities you attended and the years you attended.

Q32 Additional School 1:

Please select the state, territory, or country where the college or university is located.

Please select your college. If you do not see it listed, please select "Not listed."

▼ AK - Alaska ... International (Not Listed) ~ NOT LISTED

Q33 If the school **was not** listed above, please type it here.

---

-----

Q34 School 1 Years Attended (MM/YY - MM/YY):

\_\_\_\_\_

-----

Q35 Additional School 2:

Please select the state, territory, or country where the college or university is located.

Please select your college. If you do not see it listed, please select "Not listed."

▼ AK - Alaska ... International (Not Listed) ~ NOT LISTED

-----

Q36 If the school **was not** listed above, please type it here.

\_\_\_\_\_

-----

Q37 School 2 Years Attended (MM/YY - MM/YY):

\_\_\_\_\_

-----

Q38 Additional School 3:

Please select the state, territory, or country where the college or university is located.

Please select your college. If you do not see it listed, please select "Not listed."

▼ AK - Alaska ... International (Not Listed) ~ NOT LISTED

-----

Q39 If the school **was not listed** above, please type it here.

\_\_\_\_\_

Q40 School 3 Years Attended (MM/YY - MM/YY):

---



Q41 Have you ever attended a college or university that has been designated as a Minority Serving Institution? (For example, HBCU, HSI, Tribal Colleges, etc)

*For more information on Minority Serving Institutions, please*

*visit: <https://www.doi.gov/pmb/eeo/doi-minority-serving-institutions-program>*

- Yes
- No
- I Don't Know



Q42 Please identify which type of Minority Serving Institution you attend or attended.

- Historically Black College or University (HBCU)
- Hispanic-Serving Institution
- Tribal College or University
- Alaska Native-Serving
- Native-Hawaiian Serving
- Predominantly Black Institution
- Asian American and Native American Pacific Islander-Serving Institution
- Native American-Serving Nontribal Institution
- Other \_\_\_\_\_

Q43 What is your anticipated graduation date?

*If you have already received an undergraduate degree, please list the date you received your degree.*

	Month	Year
Please Select:	▼ January ... December	▼ 1980 ... 2032



Q44 Cumulative GPA (X.XX)

---



Q45 Please select the option that best describes your **major**.

▼ Allied Health ... Not Specified



Q46 If you have an additional major, please select the option that best describes it.

▼ Allied Health ... Not Specified



Q47 If you have a minor, please select the option that best describes it.

▼ Allied Health ... Not Specified



Q48 Are you a first-generation college student?

*For our program, a first-generation college student is identified as a student whose parent(s)/guardian(s) have not received a four-year U.S. bachelor's degree*

- Yes
  - No
  - Decline to State
  - Don't Know
- 



Q49 My highest educational goal is to receive a:

- Bachelor's degree
  - Master's degree in Public Health
  - Other Master's degree
  - Dual Degree
  - Professional degree (e.g., MD, JD, PharmD, DDS, DPT, DSW)
  - Doctoral degree (e.g., PhD, DrPH)
  - Other
  - Don't Know
- 

Q50 Please provide the specific degree (and major/concentration, if applicable).

*Please write NA if you are not sure yet.*

---

End of Block: Educational Information

---

Start of Block: Activities, Honors, and Awards

Q51

**Activities, Honors, and Awards**

---



Q52 Describe your past community service, leadership, extracurricular, and/or research experiences (1,050 character limit)

---

---

---

---

---



Q53 List any achievements, such as honors or awards. (1,050 character limit)

---

---

---

---

---

End of Block: Activities, Honors, and Awards

---

Start of Block: Interests

Q54

**Interests**

---





Q55 Did you apply to the UCLA Public Health Scholars Training Program last year?

Yes

No



Q56 Please rate your interest in the following:

	Not at all interested	Not very interested	Somewhat interested	Moderately interested	Very interested	Don't Know
Health Departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Government Agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital and Healthcare Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community-Based Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Institutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University or Academic Settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foundations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q57 Please rate your interest in the following:

	Not at all interested	Not very interested	Somewhat interested	Moderately interested	Very interested	Don't Know
Biostatistics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Health Sciences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Policy and Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q58 Please select and rank your top areas of interest (drag and drop items into boxes):

Top five (5) areas of interest	Additional areas of interest (select up to 5)
<input type="checkbox"/> Aging	<input type="checkbox"/> Aging
<input type="checkbox"/> COVID-19	<input type="checkbox"/> COVID-19
<input type="checkbox"/> Disabilities	<input type="checkbox"/> Disabilities
<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Disaster Preparedness
<input type="checkbox"/> Education	<input type="checkbox"/> Education
<input type="checkbox"/> Environmental Health and Justice	<input type="checkbox"/> Environmental Health and Justice
<input type="checkbox"/> Health Disparities	<input type="checkbox"/> Health Disparities
<input type="checkbox"/> Health Messaging	<input type="checkbox"/> Health Messaging
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Housing	<input type="checkbox"/> Housing
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Homelessness
<input type="checkbox"/> Immigration	<input type="checkbox"/> Immigration
<input type="checkbox"/> Infectious Diseases	<input type="checkbox"/> Infectious Diseases

\_\_\_\_\_ Labor  
\_\_\_\_\_ Maternal and Child Health  
\_\_\_\_\_ Mass Incarceration  
\_\_\_\_\_ Mental Health  
\_\_\_\_\_ Minority Health  
\_\_\_\_\_ Nutrition  
\_\_\_\_\_ Oral Health  
\_\_\_\_\_ Physical Activity  
\_\_\_\_\_ Racism and Health  
\_\_\_\_\_ Sexual Health  
\_\_\_\_\_ Substance Abuse  
\_\_\_\_\_ Veterinary Public Health  
\_\_\_\_\_ Violence Prevention  
\_\_\_\_\_ War/Refugees

\_\_\_\_\_ Labor  
\_\_\_\_\_ Maternal and Child Health  
\_\_\_\_\_ Mass Incarceration  
\_\_\_\_\_ Mental Health  
\_\_\_\_\_ Minority Health  
\_\_\_\_\_ Nutrition  
\_\_\_\_\_ Oral Health  
\_\_\_\_\_ Physical Activity  
\_\_\_\_\_ Racism and Health  
\_\_\_\_\_ Sexual Health  
\_\_\_\_\_ Substance Abuse  
\_\_\_\_\_ Veterinary Public Health  
\_\_\_\_\_ Violence Prevention  
\_\_\_\_\_ War/Refugees



Q59 Please select the group that best describes you. There is no right answer. The UCLA Public Health Scholars Training Program is looking for students at all stages of public health interest and training (introductory to advanced):

- Group 1: I have little to no exposure to the field of public health or health disparities
- Group 2: I am interested in another health-related discipline (i.e., MD, RN, Social Work, etc)
- Group 3: I am currently pursuing public health



Q60a Please assess your current level of experience/understanding in the following areas. There is no right answer. The UCLA Public Health Scholars Training Program is looking for students at all stages of experience.

	None	Very limited	Some	Moderate	Extensive
Your current understanding of public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current understanding of the role of public health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current understanding of health disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current experience working with community-based organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current experience volunteering with community-based organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q60b Please assess your current level of confidence in the following areas. There is no right answer. The UCLA Public Health Scholars Training Program is looking for students at all levels.

	Not at all confident	Not very confident	Somewhat confident	Moderately confident	Very confident
Being a leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in cross-cultural or multi-cultural settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating in writing and orally with cultural proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying community resources and assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Interests

Start of Block: Application Essays

Q61

**Application Essays**

-----



Q62 How will participating in the UCLA Public Health Scholars Training Program help your future education and/or career goals? (1,050 character limit)

---



---



---



---



Q63 In your opinion, what is a major health or public health problem facing your community? Why is it important to address the problem, and what is one way the problem could be addressed? (1,750 character limit)

---

---

---

---

---



Q64 For many students, coming to Los Angeles and participating in our program is the first time (at least in the last 2-3 years) that they are traveling to an unfamiliar place and being exposed to new things. This includes commuting on public transportation, balancing internship responsibilities, living with roommates, all while being away from family and friends.

Please describe how you would adapt to your new environment. (1,750 character limit)

---

---

---

---

---

End of Block: Application Essays

---

Start of Block: Demographics

Q65  
**Demographic Information**

---

**Q66 We encourage applicants from all backgrounds to apply for our program. Your answers to these questions will help us understand our applicant pool and will not be used against you in anyway.**

---



Q67 How do you identify your gender?

- Male
  - Female
  - Non-Binary or Gender Queer
  - Other (please specify): \_\_\_\_\_
  - Decline to State
  - Don't Know
- 



Q68 Do you identify as transgender or a person of transgender experience?

- Yes
  - No
  - Decline to State
  - Don't Know
- 

Page Break \_\_\_\_\_



Q69 Do you identify as straight or heterosexual, as gay, lesbian or homosexual, or bisexual?

- Heterosexual
  - Gay, lesbian, or homosexual
  - Bisexual
  - Other (please specify): \_\_\_\_\_
  - Decline to State
  - Don't Know
- 



Q70 Are you Latino or Hispanic?

- Yes
- No
- Decline To State
- Don't Know



Q72 How would you describe yourself? (select all that apply)

- Asian
  - American Indian or Alaskan Native
  - Black or African American
  - Native Hawaiian
  - Other Pacific Islander
  - White
  - Other (please specify):
- 

- Decline to State
- Don't Know



Q73 Are you an enrolled member of a tribe?

*For more information, please visit: <https://www.bia.gov/regional-offices/great-plains/tribal-government-enrollment-claims>*

- Yes
  - No
  - Decline to State
  - Don't Know
-



Q75 What is your primary language?

- English
- Asian Indian Languages
- Cantonese
- French
- Korean
- German
- Mandarin
- Portuguese
- Russian
- Spanish
- Vietnamese
- Tagalog
- Other (please specify): \_\_\_\_\_
- Decline to State
- Don't Know



Q76 What language(s) do you speak at home? (select all that apply)

- English
- Asian Indian Languages
- Cantonese
- French
- Korean
- German
- Mandarin
- Portuguese
- Russian
- Spanish
- Vietnamese
- Tagalog
- Other (please specify):

---

Decline to State



Q77 We are interested in your own opinion of how well you speak English. Please select the option that describes how well you speak English:

- Very well
- Well
- Not Well
- Not at All
- Decline To State

---

Page Break



Q78 Were you born in the United States?

- Yes
  - No
  - Decline to State
  - Don't Know
- 



Q79 Was your mother/guardian 1 born in the United States?

- Yes
  - No
  - Decline to State
  - Don't Know
- 



Q80 Was your father/guardian 2 born in the United States?

- Yes
  - No
  - Decline to State
  - Don't Know
- 



Q81 Please select the option that best describes your citizenship status:

- U.S. Citizen
  - U.S. National
  - Permanent Resident
  - Temporary Resident
  - Non Resident
  - Other (please specify): \_\_\_\_\_
  - Decline to State
  - Don't Know
- 



Q82 Do you have a disability?

*For additional information on what constitutes a disability, please visit:*

*<https://www.uclaextension.edu/enrollment-and-support/accessibility-and-disability-services>*

- Yes, I have a disability
  - No, I do not have a disability
  - Decline to State
  - Don't Know
- 



Q83 What is your household's annual income from all sources before taxes? (If you are still claimed as a dependent by a parent or guardian, please answer the question considering the household income of the person who claims you as a dependent).

- \$10,000 or less
- \$10,001-\$20,000
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$70,001-\$80,000
- \$80,001-\$90,000
- \$90,001-\$100,000
- \$100,001-\$135,000
- More than \$135,000
- Decline to State
- Don't Know



Q84 Including yourself, how many people living in the household are supported by the total household income?

*If you are still claimed as a dependent by a parent or guardian, please answer the question*

considering the household of the person who claims you as a dependent. (If you do not know or decline to state, please skip this question)

▼ 1 ... 20



Q85 Have you ever received free or reduced-price lunch benefits?

For additional information, visit: <https://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

- Yes
- No
- Decline to State
- Don't Know



Q86 Are you eligible for a Pell Grant?

For additional information, visit: <https://studentaid.gov/understand-aid/types/grants/pell>

- Yes
- No
- Decline to State
- Don't Know

Q87 What is your Expected Family Contribution (EFC)? (If you do not know or decline to state, please skip this question)

This information can be found from your FAFSA Student Aid Report.





Q88 What is the type of geographic area where you were raised?

*If you were raised in multiple geographic areas, please answer the question considering the geographic area you spent the majority of time.*

- Urban (population >1,000,000)
- Large City (population 100,000 to 1,000,000)
- Mid-Size City (population 50,000 to 99,999)
- Large Town (population 10,000 to 49,999)
- Small Town (population 2,500 to 9,999)
- Isolated Rural (population < 2,500)
- Decline to State
- Don't Know



Q89 Please indicate if the following statements apply to you.

	Yes	No	Decline to State	Don't Know
I graduated from a high school from which a low percentage of seniors receive a high school diploma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I graduated from a high school at which many of the enrolled students are eligible for free or reduced-price lunches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I received an alternative high school diploma, such as AHS or GED.

I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.



Q90 Please indicate your United States Military status:

- On Active Duty
- Veteran
- Member of Reserve or National Guard
- Military Dependent
- Not a Member of the Military
- Other (please specify): \_\_\_\_\_
- Decline to State

End of Block: Demographics

---

Start of Block: Documents

Q91  
**Documents**

---



Q92 Please upload your resume or curriculum vitae and name the file with the following format - **Last name\_ First Name\_ Resume.**  
*Only PDF files are supported.*

---



Q93 Please upload an unofficial undergraduate transcript and name the file with the following format - **Last name\_ First Name\_ Transcript.**  
*Only PDF files are supported. Please ensure the transcript includes your name and the school name. Official transcripts are not required as part of the application process, but will be required upon acceptance into the program.*

End of Block: Documents

---

Start of Block: Recommendations

Q94  
**Recommendations**

---

Q95 You must list contact information for the two (2) individuals who will provide recommendations in order to submit your application. Recommendations should be from academic advisors, professors, supervisors, mentors, or anyone else familiar with your academic and/or professional ability and can speak to your character. Recommendation should not come from a family member, friend, or classmate. Recommenders are to submit an official letter of recommendation on letterhead with a signature through the online system.

**Recommenders are automatically sent a link to submit their letter of recommendation once an application is submitted. It is the responsibility of the applicant to notify their recommender.**

If you would like to provide the link to your recommenders in advance, please share the following: [https://uclahs.az1.qualtrics.com/jfe/form/SV\\_07nmYnwta5J0XtQ](https://uclahs.az1.qualtrics.com/jfe/form/SV_07nmYnwta5J0XtQ)

**We prefer that both letters of recommendations be received by January 31, 2024, but will accept recommendations until February 2, 2024 at 11:59 PST. It is the applicant's responsibility to ensure their recommenders submit their letters by the deadline.**

---

**Q96 Please provide the contact information for your first recommendation:**

-----

Q97 Name:

Prefix (optional) \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name (optional) \_\_\_\_\_

Last Name \_\_\_\_\_

-----

Q98 Position Title

\_\_\_\_\_

-----

Q99 Institution/Organization

\_\_\_\_\_

-----

Q100 Email (Please make sure to enter the email correctly and accurately as the Letter of Recommendation Form Link will be sent to this email address).

Email \_\_\_\_\_

Confirm Email \_\_\_\_\_

-----

Q101 Phone Number

XXX-XXX-XXXX \_\_\_\_\_

-----

Q102 Relationship to Applicant

\_\_\_\_\_

-----

Q103 Please provide the contact information for your second recommendation:

-----

Q104 Name

Prefix (optional) \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name (optional) \_\_\_\_\_

Last Name \_\_\_\_\_

-----

Q105 Position Title

\_\_\_\_\_

-----

Q106 Institution/Organization

\_\_\_\_\_

-----

Q107 Email (Please make sure to enter the email correctly and accurately as the Letter of Recommendation Form Link will be sent to this email address).

Email \_\_\_\_\_

Confirm Email \_\_\_\_\_

-----

Q108 Phone Number

XXX-XXX-XXXX \_\_\_\_\_

---

Q109 Relationship to Applicant

---

Q110 I hereby give permission for the UCLA Public Health Scholars Training Program to contact the recommenders listed in my application. I understand that my recommenders may be contacted either to verify the information provided and/or to further clarify information provided, and I hereby give permission for the UCLA Public Health Scholars Training Program to do so. I also waive my right to access the recommendations provided by my recommenders. By signing my name in the signature area below, I am signing this application electronically. *(Use your mouse or finger to draw your signature below)*

End of Block: Recommendations

---

Start of Block: Program Agreements

Q111

**Program Agreements**

---



Q112 We are interested in understanding the need for summer public health programs. Would you be willing to be contacted to help us evaluate the need for these opportunities?

Yes

No

---





Q113 I understand that acceptance into the program does not guarantee that I will receive a stipend. I will need to meet the eligibility criteria in order to receive a stipend. Eligibility criteria for stipends and any related restrictions will be discussed with applicants upon acceptance into the program.

- Yes, I understand and agree to the above statements regarding stipends.
- No, I do not understand or do not agree to the above statements regarding stipends.



Q114 I understand that acceptance into the program does not guarantee that I will be assigned to the internship of my choice. I understand it is up to the program's discretion and that matches will be made based on a variety of factors including scholar skills and interests as well as community partner availability and needs.

- Yes, I understand and agree to the above statements regarding internship assignments.
- No, I do not understand and agree to the above statements regarding internship assignments.

---

**Q115 I understand that if I am accepted into and enroll in this program, I commit to the following:**

(Please initial next to each statement to indicate you agree)

---

Q116 Being available to fully participate in the UCLA Public Health Scholars Training Program full-time from June 23 - August 17, 2024. This includes **not** being enrolled in any other programs, summer school, OR holding another job/position during this time.

---

---

Q117 Attending social and volunteer events on weekday evenings and occasional weekends (virtually and/or in person).

---

-----

Q118 Willingness to participate in remote activities related to the program in late Summer and Fall 2024.

\_\_\_\_\_

-----

Q119 Living in UCLA housing, which will be provided by the UCLA Public Health Scholars Training Program. *(Exceptions to campus housing will be considered on a case by case basis once scholars are accepted into the program.)*

\_\_\_\_\_

-----

Q120 Acting in a professional manner and complying with my internship requirements.

\_\_\_\_\_

-----

Q121 Attending and actively participating in all UCLA Public Health Scholars Training Program meetings, workshops, and events.

\_\_\_\_\_

-----

Q122 Completing all of my internship hours as required by the program.

\_\_\_\_\_

-----

Q123 Participating as requested in community activities for the project to which I am assigned or in any of the UCLA Public Health Scholars Training Program activities.

\_\_\_\_\_

-----

Q124 Submitting materials and documentation as required by the UCLA Public Health Scholars Training Program in a timely manner.

---

---

Q125 Attending a trip to the Centers for Disease Control and Prevention in Atlanta, Georgia with Public Health Scholars from other programs across the nation. (*Expenses would be covered by the program.*)

---

---

Q126 Meeting the educational eligibility requirements, which include either (1) being a community college graduate, (2) being enrolled as an undergraduate student in a four-year institution (community college transfers eligible) and completed at least two years of undergraduate education by June 20, 2024 **OR** (3) having graduated from an undergraduate degree program Fall or Winter 2023 or Spring 2024, and have not enrolled into a graduate program.

---

---

Q127 I hereby attest that I have personally completed this application and the information contained within is complete and accurate to my knowledge. I understand that participation in this program requires submission of all required documents, a remote group interview, being selected as one of the students to participate in the UCLA Public Health Scholars Training Program, and enrollment in the program. By submitting this application, I understand that the information I provide may be summarized and shared with the federal agencies and other organizations that support the work of the UCLA Public Health Scholars Training Program. By signing my name in the signature box below, I am signing this application electronically. (*Use your mouse or finger to draw your signature below*)

---

---

**Q128 You have come to the end of the application. Once you click submit, you will not be able to go back and make edits.**

Carefully review your responses for accuracy prior to submitting.

**On the next page, you will have the option to download your responses for your records.**

**The UCLA Public Health Scholars Training Program will not make revisions to your application once it is submitted. Please only submit one application.**

**The deadline is January 31, 2024 by 11:59pm PST to be considered.**

End of Block: Program Agreements

---