

# ETHNIC MINORITY FELLOWSHIP PROGRAM

## CLINICAL RESEARCH PRE-DOCTORAL FELLOWSHIP

### APPLICATION FORM FOR REGISTERED NURSES

**Baseline Criteria:** American Citizen or Permanent Visa Status▲Registered Nurse▲ANA Member▲Masters Prepared and Pursuing a Doctoral degree in Psychiatric/Mental Health Nursing or in a Nursing field with specialty knowledge in mental health areas such as child abuse, school violence, psycho-gerontology, or substance abuse▲Research Focus on Minority Health▲Member of an Ethnic Minority Group including but not limited to American Indian or Alaska Native, Asian, African American, Hispanic, Native Hawaiian or other Pacific Islander.

Please **TYPE** all requested information in the allotted spaces. If additional space is necessary, use a separate sheet. **Application deadline is March 8.**

Please indicate fellowship choice:  Clinical Substance Abuse  **Clinical Psychiatric/Mental Health**

**1. Name** \_\_\_\_\_  
Last First Middle Maiden

(a) Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(b) Telephone Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(c) Fax Numbers: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(d) Email(s): Home \_\_\_\_\_ Office \_\_\_\_\_

**2. Current Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**3. Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_

**4. Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**5. Sex:** (a) Male \_\_\_\_\_ (b) Female \_\_\_\_\_

**6. Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**7. Birthplace:** \_\_\_\_\_  
City/County State Country

**8. Marital Status:** Single  Married  Divorced  Widowed  Separated

**9. Ethnic and Racial Identification:** All applicants, based on self identification, should **mark one box under the Ethnicity** category and **mark one or more boxes under the Race** category.

**Ethnicity:**  
 Hispanic or Latino  American Indian or Alaska Native (specify tribe) \_\_\_\_\_

Non-Hispanic or Latino  Native Hawaiian or other Pacific Islander (please specify) \_\_\_\_\_

**Race:**  
 Asian or Asian American (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

Black or African American (please specify) \_\_\_\_\_

White (please specify) \_\_\_\_\_

10. **Citizenship:** a. U.S. Citizen? Yes  No   
 b. Permanent Resident? Yes  No

If no, please explain \_\_\_\_\_

*If You Are a Permanent Resident, Please Send a Copy of Your  
 Alien Registration Receipt Card.*

11. **Educational Background** (Please complete all items, if not applicable put "N/A".)

Institution (Most Recent to Earliest Post High- School Education)	Location (City, State, Country)	Dates Attended (From - To)	Major Area of Study	Degree
(a)				
(b)				
(c)				
(d)				

12. (a) Cumulative overall undergraduate numerical GPA\* \_\_\_\_\_  
 (b) Cumulative undergraduate nursing numerical GPA\* \_\_\_\_\_  
 (c) Masters numerical GPA\* \_\_\_\_\_  
 (d) Doctoral numerical GPA\* (if applicable) \_\_\_\_\_

*\*GPAs will be Verified Using Transcripts Submitted by Applicant.*

13. (a) Check the box which best describes your current educational status.

- Currently enrolled in a Doctoral Program. **If you checked this item go to question 13 (b).**  
 Currently enrolled in a Masters only Program. **If you checked this item go to question 13 (c).**  
 Currently enrolled in a Masters/Doctoral Program. **If you checked this item go to question 13 (d).**

13. (b) If you are currently enrolled in a Doctoral program, answer the questions in this section.

- (i) University and Department \_\_\_\_\_  
 (ii) Location (City, State) \_\_\_\_\_  
 (iii) Departmental affiliation \_\_\_\_\_  
 (iv) General telephone number \_\_\_\_\_  
 (v) When did you enter? (Month and Year) \_\_\_\_\_  
 (vi) Do you plan to continue studying here? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If no, please explain.** In your explanation identify the doctoral program you will be in next September? \_\_\_\_\_

(vii) When do you expect to earn a PhD? (Month and Year) \_\_\_\_\_

(viii) What is your substantive (specialty) area? (Please be specific.) \_\_\_\_\_

▣ **WHEN YOU HAVE COMPLETED THIS SECTION, GO TO QUESTION 14** ▣

13. (c) If you are currently enrolled in a Masters only program, answer the questions in this section.

- (i) University and Department \_\_\_\_\_  
 (ii) Location (City, State) \_\_\_\_\_  
 (iii) General telephone number \_\_\_\_\_  
 (iv) Do you expect to earn a Masters degree? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (v) When do you expect to earn the degree? (Month and Year) \_\_\_\_\_  
 (vi) What is your substantive (specialty) area? \_\_\_\_\_

13. (d) If you are currently enrolled in a Masters/Doctoral program, answer questions in this section.

- (i) University and Department \_\_\_\_\_
- (ii) Location (City, State) \_\_\_\_\_
- (iii) General telephone Number \_\_\_\_\_
- (iv) Departmental affiliation \_\_\_\_\_
- (v) When did you enter? (Month and Year) \_\_\_\_\_
- (vi) Do you plan to continue studying here? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain. In your explanation identify the doctoral program you will be in next September.

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(vii) When do you expect to earn a PhD? (Month and Year) \_\_\_\_\_

(viii) What is your substantive (specialty) area? (Please be specific) \_\_\_\_\_

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14. Have you published? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, send a copy of the article(s). If No, send a sample of your best written work.

15. (a) Do you have an article(s) in progress? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, to which journal(s) do you plan to submit? \_\_\_\_\_

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Please describe what assistance, if any, you need to complete the article. \_\_\_\_\_

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- (b) Have you presented professionally? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide a full reference (title, name of conference, location) for each presentation.

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16. List and number all honors and awards you have received. Use a separate sheet if necessary.

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17. List and number all clubs, associations and committees to which you belong. With each, indicate any office you hold or have held. Use separate sheet if necessary.

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18. List and number any paid or volunteer experiences related to your interest in mental health services or mental health research.

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19. List the name, title and address of three persons in academic institutions or community/work settings who will provide letters of recommendation on your behalf evaluating your ability to pursue graduate study. At least one of the three must be a faculty member familiar with your academic work. ***Your Referees must also complete the enclosed EMFP mental health research Applicant Evaluation Form.***

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS/TELEPHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. How did you learn about the Ethnic Minority Fellowship Program? Please check all that apply.

Advisor	<input type="checkbox"/>	Brochure	<input type="checkbox"/>	Current EMFP Fellow	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Listserv	<input type="checkbox"/>	EMFP Alumni Employer	<input type="checkbox"/>
Poster	<input type="checkbox"/>	Mailing	<input type="checkbox"/>	ANA Convention	<input type="checkbox"/>
Internet/Web	<input type="checkbox"/>	Booth	<input type="checkbox"/>	State Nurse Association	<input type="checkbox"/>
School/Dept.	<input type="checkbox"/>	Bulletin Board	<input type="checkbox"/>	Other <input type="checkbox"/> ( <i>specify</i> ) _____	

21. **Have you ever applied for an EMFP award?** Yes \_\_\_\_ No \_\_\_\_ If yes, what year(s)? \_\_\_\_\_

22. **Have you ever received an EMFP award?** Yes \_\_\_\_ No \_\_\_\_ If yes, what year(s)? \_\_\_\_\_

23. **Write an essay not to exceed three (3) double spaced pages (*enclose with your application and three evaluation forms*).** In your essay discuss (a) why psychiatric, substance abuse, or mental health research is relevant to the health care of ethnic/racial minority groups; (b) how your academic and employment experiences reflect your involvement with an ethnic/racial community (include community service and extra curricular activities); (c) how earning a doctorate will affect your career goals and have relevance to the mental health care of ethnic/racial communities; and (d) describe the focus of your research and how it relates to the National Institutes of Mental Health (NIMH) objectives and ethnic/racial group issues.

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return all materials by March 8 th to:

ANA/EMFP Fellowship Application  
600 Maryland Avenue, SW, Suite 100 West  
Washington, DC 20024-2571

If you have any questions contact EMFP:

Telephone: 202.651.7247  
Facsimile: 202.651.7007  
WebSite: [www.nursingworld.org/EMFP](http://www.nursingworld.org/EMFP)  
Email: [Emfp@ana.org](mailto:Emfp@ana.org)