

2022 UCLA Public Health Scholars Training Program Application

Start of Block: Welcome

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 Minority Health and Health Equity's Undergraduate Public Health Scholars Programs (CDC CUPS). You may apply to other CDC CUPS programs, but note that you must apply to each program separately. The UCLA Public Health Scholars Training Program encourages students and recent graduates from all backgrounds to apply.

There is no option to save your application. You are able to change your responses up until you complete the application. You can return to the application to pick up where you left off and/or edit previous responses 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 can view the PDF of the application on our website.

End of Block: Welcome

Start of Block: Eligibility

Please select which statement is true:

By June 20, 2022,

- 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 Spring term 2021 or later and I have not been accepted to a graduate program
- None of the above.

End of Block: Eligibility

Start of Block: Previous CUPS Experience

Have you participated in another CDC CUPS (CDC Undergraduate Scholars Programs) summer program?

CDC CUPS programs include: MCHC/RISE-UP (Kennedy Krieger Institute), Project IMOTEP (Morehouse), Summer Public Health Scholars Program (Columbia University), FPHLP (Michigan School of Public Health).

Yes

No

End of Block: Previous CUPS Experience

Start of Block: Applicant Information

Applicant Information

Name

First Name _____

Middle Name (optional) _____

Last Name _____

Suffix (optional) _____

Preferred Pronouns (optional)

Date of Birth

	Month	Day	Year
_____	_____	_____	_____

Mobile Number (XXX-XXX-XXXX)

Home Phone Number

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

- Academic Advisor
 - CDC Website
 - Conference Booth
 - Email Announcement
 - Flyer
 - Friend
 - Handshake
 - Information Session
 - Internet Search (e.g. Google)
 - Listserv or Other Distribution List
 - Other Professor
 - Public Health Scholar Alumni
 - Social Media
 - UCLA Fielding School of Public Health Website
 - Other: _____
-

Email

Email: _____

Confirm Email: _____

Permanent Address

Address Line 1 (Number and Street)

Address Line 2 (Apt, Suite, Room OR N/A)

Permanent Address: City

Permanent Address: State/Province

Permanent Address: Zip/Postal

Permanent Address: Country

United States

Other (Specify) _____

Current Address

Address Line 1 (Number and Street)

Address Line 2 (Apt, Suite, Room OR N/A)

Current Address: City

Current Address: State/Province

Current Address: Zip/Postal

Current Address: Country

United States

Other (Specify) _____

End of Block: Applicant Information

Start of Block: Educational Information

Educational Information

In September 2022, I will be a:

- Junior
 - Senior
 - Recent Graduate (Spring 2022)
 - Graduate (Spring/Fall 2021)
-

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

- Yes
 - No
-

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

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)

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)

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 _____

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.

Note: please write out COMPLETE name of your institution. Example: "University of California, Los Angeles" or "California State University, Los Angeles"

Have you attended any other colleges or universities?

Yes

No

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

School 1:

School Name: _____

Years Attended (MM/YY-MM/YY):

School 2:

School Name: _____

Years Attended (MM/YY - MM/YY):

School 3:

School Name: _____

Years Attended (MM/YY - MM/YY):

Have you ever attended a college or university that has been designated as a minority serving institution?

Yes

No

I Don't Know

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

Not Applicable

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:		

Cumulative GPA (X.XX)

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

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

Please select the option that best describes your **minor**.

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
 - Don't Know
 - Decline to state
-

My highest educational goal is to receive a:

- Bachelor's degree
 - Master's degree in Public Health
 - Dual Degree (Specify) _____
 - Other Master's degree (Specify)

 - Professional degree (e.g., MD, JD, PharmD, DDS, DPT, DSW)
 - Doctoral degree (e.g., PhD, DrPH)
 - Other: _____
 - Don't Know
-

Please indicate the specific degree(s) you would like to pursue.

Please write NA if you are not sure yet.

Page Break _____

Activities, Honors, and Awards

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

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

Interests

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

- Yes
 - No
-

Please rate your interest in the following:

	Not at All Interested (1)	2	3	3	4	Extremely Interested (5)	Don't Know
Health Departments	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
Community-Based Organizations	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>
Foundations	<input type="radio"/>	<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"/>	<input type="radio"/>

Please rate your interest in the following:

	Not at All Interested (1)	2	3	4	Extremely Interested (5)	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"/>

Please rate your interest in the following:

	Not at All Interested (1)	2	3	4	Extremely Interested (5)	Don't know
Aging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disaster Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Health and Justice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Messaging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal and Child Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mass Incarceration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minority Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racism and Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterinary Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
War/Refugees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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 (ie MD, RN, Social Work, etc)
 - Group 3: I am currently pursuing public health/health
-

Please rate yourself on the following:

	None (1)	2	3	4	Excellent (5)
Your current understanding of public health	<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"/>
Your current leadership abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current understanding of health inequities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current skills in cross-cultural or multi-cultural settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current ability to communicate in writing and orally with cultural proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your current ability to identify community resources and assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your ability to
work in a
team

Your
understanding
of the role of
public health
professionals

Page Break

Application Essays

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

Describe a time when you demonstrated leadership ability. (1,050 character limit)

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)

End of Block: Educational Information

Start of Block: Demographics

Demographic Information

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.

How do you identify your gender?

- Male
- Female
- Gender Non-Binary/Gender Queer
- Additional category, please specify:

Decline to State

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

- Yes
 - No
 - Decline to State
-

Page Break

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

- Heterosexual
 - Gay, lesbian, or homosexual
 - Bisexual
 - Not sexual/celebrate/none
 - Other
 - Don't Know
 - Decline to State
-

Are you Latino or Hispanic?

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

How would you describe yourself? (Check all that apply)

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian
- Other Pacific Islander
- White
- Other: _____
- Don't Know
- Decline To State

Decline To State

What is your primary language?

- English
 - Asian Indian Languages
 - Cantonese
 - French
 - Korean
 - German
 - Mandarin
 - Portuguese
 - Russian
 - Spanish
 - Vietnamese
 - Tagalog
 - Other: _____
 - Don't Know
 - Decline To State
-

What language(s) do you speak at home?

- Asian Indian Languages
 - English
 - Cantonese
 - French
 - Korean
 - German
 - Mandarin
 - Portuguese
 - Russian
 - Spanish
 - Vietnamese
 - Tagalog
 - Other: _____
 - Don't Know
 - Decline To State
-

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

Were you born in the United States?

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

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

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

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

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

Please select the option that best describes your citizenship status:

- U.S. Citizen
 - U.S. National
 - Permanent Resident
 - Temporary Resident
 - Non Resident
 - Other
 - Decline to State
-

Do you have a disability?

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

<https://www.cae.ucla.edu/What-constitutes-a-disability>

- Yes, I have a disability (or previously had a disability)
 - No, I do not have a disability
 - Decline to State
 - Don't Know
-

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

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.

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
-

Are you eligible for a Pell Grant?

For additional information, visit: <https://studentaid.ed.gov/sa/types/grants-scholarships/pell>

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

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.

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

Please indicate if the following statements apply to you. (see next page)

	Yes	No	Don't Know	Decline to State
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.

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
- Decline to State

Page Break

End of Block: Demographics

Start of Block: Documents

Documents

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.

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

Recommendations

Recommenders are to submit an official letter of recommendation on letterhead with a signature through the online system. **They are automatically sent a link to submit their letter of recommendation once your application is submitted, however, this link will not provide your name. It is the responsibility of the applicant to notify their recommender.**

If you would like to provide the link in advance, please share the following: https://uclahs.az1.qualtrics.com/jfe/form/SV_3n2q90ljhfxu6Jo

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. **We prefer both letters of recommendations be received by January 31, 2022, but will accept recommendations until February 2, 2022 at 11:59 PST.** It is your sole responsibility to ensure your recommenders submit their letters by the deadline.

Please provide the contact information for your first recommendation:

Name:

First Name _____

Middle name (optional) _____

Last Name _____

Suffix (optional) _____

Position Title

Institution/Organization

Email

Email _____

Confirm Email _____

Phone Number

XXX-XXX-XXXX _____

Relationship to Applicant

Please provide the contact information for your second recommendation:

Name

First Name _____

Middle Name (optional) _____

Last Name _____

Suffix (optional) _____

Position Title

Institution/Organization

Email

Email _____

Confirm Email _____

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

Program Agreements

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
-

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.
-

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)

Being available to fully participate in the UCLA Public Health Scholars Training Program full-time from June 19 - August 13, 2022. This includes **not** being enrolled in any other programs, summer school, OR holding another job/position during this time.

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

Willingness to participate in remote activities related to the program in late Summer and Fall 2022.

Living in UCLA housing, which will be provided by the UCLA Public Health Scholars Training Program. *(Dependent on COVID-19 Guidelines. Exceptions to campus housing will be considered on a case by case basis once scholars are accepted into the program.)*

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

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

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

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.

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

Attending a trip to the Centers for Disease Control and Prevention in Atlanta, Georgia with Public Health Scholars from other programs across the nation (*Dependent on COVID-19 guidelines; expenses would be covered by the program*).

Meeting the educational eligibility requirements, which include either (1) 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, 2022 OR (2) having graduated from an undergraduate degree program Spring 2021 or later, and have not been accepted into a graduate program.

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, an in-person 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)*

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, 2022 by 11:59pm PST to be considered.**

End of Block: Program Agreements
