



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH AND SENIOR SERVICES



*Office of Minority and Multicultural Health*

# *Cook/Rutledge Fellowship Program*

2012

## **Cook/Rutledge Fellowship Requirements**

The New Jersey Department of Health and Senior Services (NJDHSS), Office of Minority and Multicultural Health (OMMH) is the sponsor of the Cook/Rutledge Fellowship. To qualify students must be enrolled in a graduate school program of Medicine, Law, or Public Health.

Students who are residents of New Jersey and currently enrolled in either a New Jersey university/college or, attending an out of state university college are eligible to apply for the Fellowship. Out-of-state students attending a New Jersey university/college and residing in New Jersey temporarily during the academic year may also apply.

The fellowship placement will run for 10-12 consecutive weeks during the summer. Fellows should be prepared to discuss the OMMH vision, goals and objectives with the executive director and demonstrate an understanding of the current and relevant health equity/ health disparity issues impacting the racial, ethnic minority populations in New Jersey.

Applicants should note that requests to complete the internship after the summer months will not be honored. The OMMH Cook/Rutledge Fellowship is a summer program designed to begin and end during the summer months. Students who have graduated or will complete their programs by spring or summer 2012 may not apply. Students who are currently employed and, or have a work-visa status are not eligible to apply. The Fellowship has provisions for a \$6,000 stipend that is contingent upon availability of state funds

### **Applicants are required to provide the following:**

1. Cover Letter
2. Complete Cook/Rutledge Fellowship Program Application
3. Essay- a typed written, double-spaced essay (not to exceed 3 pages) describing the applicants interests and experience relevant to the Fellowship. The essay may include (but is not limited to) particular areas of interest, previous activities that demonstrate commitment to public health, and personal goals.
4. Resume
5. Deans' Letter - documenting the applicants current academic performance and that applicant will be enrolled in the medical, law or public health program during the upcoming academic year.
6. Complete Cook/Rutledge Fellowship Candidate Evaluation Form
7. Two (2) Letters of Recommendation from: a) college instructors – indicating the applicants commitment to and understanding of the issues facing the racial, ethnic minority populations OR, b) community-based or faith-based organization or public health organization where the applicant volunteered or worked or assisted with a health care initiative that directly impacted a racial, ethnic minority group.

### **Application Period and Deadline**

1. The applicant filing period will be from January 15, 2012 through March 31, 2012.
2. Applications may be sent to the OMMH visa email (<http://www.nj.gov/health/omh/index.shtml>),
3. Or through US postal mail and postmarked by midnight March 31, 2012 to:

Dr. M. Carolyn Daniels, DHSc, Executive Director  
New Jersey Department of Health and Senior Services  
Office of Minority and Multicultural Health  
PO Box 360 - Room 501  
Trenton, NJ 08625-0360

New Jersey Department of Health and Senior Services  
Office of Minority and Multicultural Health

Cook/Rutledge Fellowship Program Application  
Summer 2012

**Applicant's Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Student Race/Ethnic Origin:**

- White
- African American
- Latino/Hispanic
- Asian American
- American Indian/Alaskan Native
- Native Hawaiian or Pacific Islander
- Other Minority (Explain) \_\_\_\_\_

**Student's Birth Place** \_\_\_\_\_

**Present School** \_\_\_\_\_ **Grade Point Average (GPA)** \_\_\_\_\_

**Name of College attending in September 2012** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Major:** \_\_\_\_\_

**Minority Health/Disparity Area of Interest:** \_\_\_\_\_

*ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE THE OMMH PERMISSION TO USE MY NAME AND PHOTOGRAPH FOR THE PURPOSE ONLY OF PUBLIC RELATIONS AND PUBLICATIONS. NOTE - ALL INFORMATION SUBMITTED WILL BE HELD CONFIDENTIAL UNLESS OTHERWISE NOTED. THE FINAL AWARD AMOUNT WILL BE DEPENDENT UPON THE AVAILABILITY OF FUNDS DURING THE AWARD YEAR.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# COOK/RUTLEDGE FELLOWSHIP CANDIDATE EVALUATION BY THE MAJOR ADVISOR

College/University	
Name of Candidate	Name of Program
Name of Advisor/Evaluator	Date

The characteristics listed below represent the attributes of the public health professional that the Cook/Rutledge Fellowship Internships strive to attain. **Please evaluate the applicant by circling appropriate numbers below and complete the narrative statement on page two.**

Knowledge of Public Health Issues	1	2	3	4	5	N/A
Knowledge in Special Area of Concentration	1	2	3	4	5	N/A
Knowledge of Minority Health/Health Disparity Issues	1	2	3	4	5	N/A
Analytical Skills/Logical Thinking	1	2	3	4	5	N/A
Interpersonal Skills	1	2	3	4	5	N/A
Written Skills	1	2	3	4	5	N/A
Oral Skills	1	2	3	4	5	N/A
Commitment to Public Health Service	1	2	3	4	5	N/A
Commitment to volunteer activity in minority communities	1	2	3	4	5	N/A

**Ranking:**

- |                                |                                |
|--------------------------------|--------------------------------|
| 1. Significantly above average | 4. Moderately below average    |
| 2. Moderately above average    | 5. Significantly below average |
| 3. Average                     |                                |

