

DUTCHESS COUNTY DEPT OF BEHAVIORAL & COMMUNITY HEALTH PHIL APPLICATION

****Applications MUST be submitted electronically****

I. General Information

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Telephone: () _____ Email: _____
Please include area code Please provide an email, this is our main form of communication.

Are you currently enrolled as a student in a college or university? Yes No

Are you a First-Generation College Student? Yes No

Which PHIL track(s) are you applying for? _____

Ethnic Identity (for statistical purposes only)

- African American Asian American Pacific Islander
 Chicano(a)/Mexican American Filipino White/Caucasian
 Other Hispanic/Latino(a) American Indian Other (specify): _____

Date of Birth: ____/____/____

II. Personal Information

A. What is the primary language spoken in your home? _____

B. Do you speak any other languages? If so, which one(s)? _____

C. Do you require any special accommodations? If so, what? _____

D. Are you eligible for your school's work study program? Yes No

F. How many hours per week do you work during school? 0 – 10 11-20 21-30 31+

III. Educational Information

School you are now attending: _____

Your class level as of Spring 2022: Freshman Sophomore Junior Senior Masters Doctoral

Major: _____ Minor (if any): _____

Date you expect to receive your degree: _____

If you are a graduate student, when did you receive your bachelor's degree? _____

G.P.A (Grade Point Average, 4.0 = A): _____
Undergraduate GPA GPA in Major Graduate GPA

IV. Short Essay

The following essay will be used to assess your written communication skills as well as your readiness for and commitment to training in the PHIL. Please think carefully about what you would like to say and compose your essay with care. The essay should be approximately 300 – 500 words in length.

1. What elements of your educational, research, community service and/or personal experience have contributed to your interest in and preparation for training and learning through the PHIL?

Please read the statement below and sign where indicated:

The information I have submitted in my PHIL Application is true and accurate to the best of my knowledge. You have my permission to provide my name and project information in future publications and marketing.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

V. Letter of Recommendation (To be completed by the Faculty Mentor, not required for PHIL+)

On your campus or college letterhead, please provide details of the abilities, skills, mastery of theory and method, accomplishments, and motivation that are likely to contribute to this student's ability to succeed in studying at the Dutchess County Department of Behavioral & Community Health Public Health Innovation Lab (PHIL). If the student's undergraduate grade-point average is below 3.0, please explain why you believe this student should be considered.

Please identify at the bottom of your letter whether you will be on a sabbatical or other leave during the time that your supervisee will be attending this program.

If you have any questions about this application process please contact Liz Connolly, MPH at EConnolly@DutchessNY.gov.