

## Stanford Health 4 All Application

All individuals with a bachelor's degree and an interest in health promotion are encouraged to apply. Stanford Health 4 All (H4A) does not discriminate based on gender, race, religion, national origin, sexual orientation, or ethnicity.

### Applicant Name

First Name   
Middle Name   
Last Name

### Email address

Email Address

### Birthdate

Birthdate mm/dd/yyyy

### Cell phone number

Cell Phone Number

### Alternate phone

Alternate Phone Number

### Mailing Address

Street Address   
City   
State   
ZIP Code   
Next >>

**Are you eligible to study in the US? \***

**\*Stanford H4A does not share data with immigration enforcement agencies.**

- Yes
- No
- I have or will have a visa (J---2 or F---2) which will be valid the entire time of the program. Note that Stanford H4A does not issue visas.

Unfortunately, Stanford Health 4 America is not able to sponsor visas for international students at this time.

**Have you ever been convicted of a felony?**

- Yes
- No

If yes, please explain.

**Education**

|                    |  |
|--------------------|--|
| College Name       |  |
| Year of Graduation |  |
| Major              |  |
| Degree             |  |

**Additional Education**

|                 |  |
|-----------------|--|
| College Name    |  |
| Dates Attended  |  |
| Major           |  |
| Degree (if any) |  |

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|                 |  |
|-----------------|--|
| College Name    |  |
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| Major           |  |
| Degree (if any) |  |

## References

**Please provide each reference writer with this link to submit their reference.**

[https://stanfordmedicine.qualtrics.com/SE/?SID=SV\\_2b1C2J7qlNgvmYt](https://stanfordmedicine.qualtrics.com/SE/?SID=SV_2b1C2J7qlNgvmYt)

A minimum of two references, one of which **must** be from a person who can attest to your ability to work in a community, are required. All references must clearly state your full name. References will be asked their name, title, and their relationship to you.

**It is your responsibility to ensure that your reference writers have received the link and submitted the references.**

Note: Referees may not be family members.

### **Additional Forms**

**Please upload or email the following the following documents:**

#### **Official University Transcript**

**You also may email your transcripts to: [preising@stanford.edu](mailto:preising@stanford.edu)**

**All transcripts must be received on or before the deadline.**

#### **Resume or Curriculum Vitae (CV)**

#### **Personal Essay**

**Please answer the following essay question in a minimum of 250 words and maximum of 500 words.**

**Why do you want do be a Stanford Health 4 All fellow?**

**Your essay should explore the following:**

- Describe any academic, volunteer, personal, or work experience in a community environment that has influenced you and is relevant to the program.**
- What are your personal motivations for applying to be a Stanford Health 4 All Fellow?**
- How would you measure your personal and professional growth at the end of the program?**

**Please provide a brief description of a past project you conducted that involved quantitative data analysis. This may be a course assignment, work task, or any other experience involving the analysis and interpretation of data that you or others have collected. In your description, please include the following: what software tools (including Excel, and perhaps more advanced tools) you used, what numerical or statistical calculations were involved, what challenges you encountered, and if relevant how your findings were used. Also, please list any quantitative methods course work you have completed (including online MOOCs, Khan Academy, other coursework). (50--200 word limit).**

Optional Information

The following questions are optional.

**Gender**

- Male
- Female
- Transgender (male to female)
- Transgender (female to male)
- Gender Queer/Fluid
- Questioning
- Decline to State
- None of the above. Please specify

**Race/Ethnicity**

- African/African American
- American Indian or Alaska Native (Including all Original Peoples of the Americas)
- Asian (Including Indian subcontinent and the Philippines)
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander (Original Peoples)
- White (Including Middle Eastern)
- Other (Including Multiracial)
- Decline to state

**Classes are taught in American English and proficiency in English is required.**

**Please list fluent languages besides English:**

### **Financial Information**

Stanford Health 4 All program fee for 2014 is \$20,000. Payment by credit card will incur an additional 3.1% fee (Total \$20,620).

Payment is due in full within 30 days of acceptance of admission or no later than July 1, 2014, whichever is earlier. Course materials are additional and approximately \$300. All other expenses, including living expenses, parking, insurance, travel and housing are not included. In order to receive a refund of program fees (less \$1000), Stanford Health 4 America must receive your notice of withdrawal before the first day of instruction. Stanford Health 4 America does not prorate program fees and cannot apply program fees to future Stanford Health 4 America Programs.

**Do you anticipate needing and qualifying for financial assistance?**

- Yes
- No

**Financial assistance may be available in the form of course fee reductions. Please identify the minimum amount of a course fee reduction that you request:**

**If you are requesting consideration for fee assistance, please mail the appropriate IRS documentation indicating family income to the following address:**

**TO Preising**

**Stanford Health 4 All Program Associate**

**Stanford Prevention Research Center**

**1265 Welch Road, #X3C30**

**Stanford, CA 94305---5411**

**IMPORTANT NOTE: Your application will not be considered complete and will not be reviewed until your financial documentation is received.**

**All information will be kept secure and used only to determine financial aid eligibility. We will not distribute or share personal information for any other purposes.**

**Please indicate which of the following applies to you.**

- If you filed an individual tax return, please provide your IRS tax returns (form 1040) for the last two tax years.
- If you were claimed as a dependent on your parent's tax return, please provide parent's IRS tax returns (form 1040) for the last two tax years.

**Application Fee**

**The application fee is \$50, is non---refundable, and must be received by H4A before your application will be processed.**

**YOUR APPLICATION WILL NOT BE COMPLETE AND WILL NOT BE REVIEWED UNTIL PAYMENT HAS BEEN RECEIVED OR YOU HAVE RECEIVED A FEE WAIVER.**

**PAYMENT OPTIONS:**

**CREDIT CARD:** Payment may be made online by credit/debit card via a secure link.

**CHECK:** Please provide a check made payable to Stanford University and which clearly states the name of the applicant. Checks must be postmarked no later than the application deadline and mailed to:

**TO Preising**

**Stanford Health 4 All Program Associate**

**Stanford Prevention Research Center**

**1265 Welch Road, #X3C30**

**Stanford, CA 94305---5411**

**Applicant is responsible for all returned check fees and penalties.**

- Please click on this link to pay by credit card.
- I am paying by check.
- I am applying for a waiver of the application fee based on financial need.

**Please review your application before submitting. Incomplete applications will not be reviewed.**

**Type your name below to certify that your answers are true and complete to the best of your knowledge. Once you have typed your name and selected the forward button your responses will be recorded. Thank you for your interest in Stanford Health 4 All.**