

# Public Health Boot Camp:

## Fostering Future HIV Community Leaders

### *An Intensive Public Health Training Institute*

#### Information, Instructions, and Forms

## Applicant Selection Process:

Applications will be reviewed by staff and faculty at the AIDS Foundation of Chicago and the DePaul University Master of Public Health Program to ensure they meet minimal program requirements. Applications will then be evaluated by a selection committee. The most qualified candidates will be invited to interview for final selection. Formal offers will be made shortly after interviews are completed.

Once selected, applicants will be provided with specific information about the program agenda, logistics, and other details and required to confirm their enrollment in the program by submitting a non-refundable fee of \$300—which is the full cost of the program for accepted applicants—by **Friday June 6, 2014**.

Criteria for evaluation include: (a) past and current work experience in HIV/AIDS, (b) the ability to actively participate in an academically rigorous program (c) the ability to apply learning to HIV/AIDS programs, (c) the ability to facilitate learning to peers and/or community members, and (e) demonstrated leadership potential. Due to the anticipated number of applications received, program organizers will not be able to provide specific feedback to applicants who are not accepted.

#### **Awards**

Application information will be used solely for the selection of intensive training candidates and will be disclosed only to members of the selection committee responsible for program administration. Aggregated data based on the application materials may be used in management reports designed to evaluate the direction and progress of the program. The AIDS Foundation of Chicago and the DePaul University Master of Public Health Program reserve the right to print and disseminate the names and photographs of program participants for use in program marketing.

#### **Equal Opportunity**

All applicants will be considered on merit and without regard to race, ethnicity, color, religion, sexual orientation, national origin, gender, gender identity, age, and physical ability. Applicants are encouraged to complete the optional information form included with the application. This information is requested to measure the program's efficacy in reaching and recruiting a diverse population and will not be considered part of the application itself.

#### **Prior to completing the application, please ensure that you fulfill the following eligibility requirements:**

- You are a mid-level professional with direct oversight of HIV prevention or care activities and possess a minimum of 2-years work experience in HIV/AIDS services.
- You have the ability to actively participate in an academically rigorous training program.
- You have the ability to apply what you learn in the training program to a specific HIV community and/or agency endeavor.

- You do not possess any formal or advanced training (MPH or PhD) in public health.
- You are able to participate for the full week **of June 15<sup>th</sup> – June 19<sup>th</sup>, 2014** without exception.
- You agree to accept lodging at the Club Quarters, 111 West Adams Street for the duration of the program.
- You are willing to obtain two completed recommendation forms and one organizational support form.

You are able to participate in the required, in-person 30-minute interview at DePaul University's Lincoln Park Campus during the week of **May 12, 2014**.

If accepted, you will also be required to submit the non-refundable \$300 enrollment fee.

## Required Application Materials (attached):

To be considered for the program, applicants must submit the following materials to the DePaul University

**Master of Public Health Program no later than 4:00 p.m. on Wednesday, April 30th, 2014:**

- Original, signed application form
- Resume or curriculum vitae
- Statement of Interest
- Two completed Recommendation Forms in sealed envelopes sent directly to DePaul University. \*\* One recommendation form **must be completed by someone working in the HIV/AIDS arena.**
- One completed Organizational Support Form in a sealed envelope (completed by your organization's executive director, chief executive, president, or other appropriate official). The person completing the Organizational Support form **cannot complete a Recommendation Form.**
- Demographic information form (optional)

Recommendation forms and the organizational support form must be obtained by the applicant and submitted with the application, which is due at the DePaul University Master of Public Health Program no later than **4:00 p.m. on Wednesday, April 30th 2014. Applications that are incomplete or received after the deadline will not be considered.**

## Submit completed applications

with all required accompanying materials to the address below no later than **4:00 p.m. on Wednesday, April 30, 2014.**

**Applications that are incomplete or received after the deadline will not be considered.**

**Leah C. Neubauer, MA, Ed.D.  
Associate Director & Instructor, Master of Public Health (MPH) Program  
DePaul University Master of Public Health Program  
2219 North Kenmore Avenue, Room 461  
Chicago, Illinois 60614**

# I. Application

Last Name First Name Middle Name

Current Home Address

City State Zip Code

Telephone E-mail Address

Organization/Agency Name

Your Organization/Agency Title

Supervisor and Title

Organization Address

City State Zip Code

Telephone Number

With my signature, I hereby declare that the information provided on this application is accurate.  
If accepted, I agree to all program terms and requirements. Signature Date

## II. Resume or Curriculum Vitae

**Attach separately**

## III. Statement of Interest

**Attach a typed narrative addressing, in order, each of the following items (6-8 pages)**

- Describe why you are interested in participating in this program.
- Describe your HIV/AIDS related experience and skills.
- Explain a current programmatic challenge that you hope to explore and address through the program.
- Describe how you will disseminate the knowledge and skills that you will gain in your agency and/or community.
- Describe your immediate and long-term career goals (3-5 years).
- Describe any unique qualities (skills, knowledge, achievements, etc.) or experience that may assist in the selection process.

# IV. Recommendation Forms

The applicant named is applying to be a candidate for the ***Public Health Boot Camp: Fostering Future HIV Community Leaders, An Intensive Public Health Training Institute***. We appreciate your honest and objective evaluation and support for the applicant. **To be considered for the program, the applicant must obtain this completed form from you in a sealed and signed envelope.** Please complete the chart below and respond to the following prompts. Your careful consideration of the applicant's ability to benefit from the training program is greatly appreciated.

Applicant Name Title

Name of Recommender

Relationship to the Applicant

Number of Years of Knowing the Applicant

Recommender's Agency/ Title

Agency Address

City State Zip Code

Telephone Fax E-mail

**Please rank each skill in one of the following categories:**

Breadth of HIV/AIDS knowledge ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to communicate information (written/oral) ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Promise as a public health leader ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Critical thinking ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Problem solving skills ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Motivation toward a successful, productive career ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Emotional stability ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Maturity ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to work with others ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Dependable manager ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to take initiative ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

**Please respond to the prompts below in the space provided or on a separate sheet (not to exceed 1 page)**

- Please describe the applicant's character, attitude and scientific ability/potential.
- Please describe the applicant's potential as a future public health leader
- Please describe weaknesses, strengths, and training needs.
- Describe any special attributes that would be relevant to applicant's candidacy in this training program.

## V. Organizational Support Form

**(To be completed by agency director)**

Applicant Name Title

Name of Agency

Name of Agency Director Title – Executive Director/CEO/President/Other Appropriate Official

Agency Address

City State Zip Code

Telephone Fax E-mail

**Please rank each skill in one of the following categories:**

Breadth of HIV/AIDS knowledge ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to communicate information (written/oral) ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Promise as a public health leader ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Critical thinking ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Problem solving skills ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Motivation toward a successful, productive career ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Emotional stability ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Maturity ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to work with others ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Dependable manager ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

Ability to take initiative ☐ *Below Average* ☐ *Average* ☐ *Above Average* ☐ *Outstanding*

## V. Organizational Support Form, *continued*

Please answer the questions below in the space provided or in a separate sheet (not to exceed one page):

**How long have you known the applicant and in what capacity?**

- Please describe the applicant's character, attitude and scientific ability/potential.
- Please describe the applicant's potential as a future public health leader
- Please describe weaknesses, strengths, and training needs.
- Describe any special attributes in the applicant that would be relevant to his/her candidacy in this program.

**If selected, will the applicant be permitted to participate in the weeklong program from June 15<sup>th</sup> – June 19<sup>th</sup>, 2014**

**YES ☐ NO ☐**

**If selected, will the agency or applicant cover the non-refundable \$300 enrollment fee?**

**AGENCY ☐ APPLICANT ☐**

**Please indicate by signing below that you fully support the applicant's participation in the one-week intensive training program from June 15<sup>th</sup> – June 19<sup>th</sup>, 2014.**

Agency Director Signature Date

**Thank you!**

# Demographic Information Form (Optional):

## Personal History

Last Name First Name Middle Name

## Ethnicity (Please check all that apply)

- ☐ African American ☐ Native American  
☐ Asian/Pacific Islander ☐ Hispanic/Latino  
☐ White ☐ Other \_\_\_\_\_

## Disability

- ☐ Individual with a disability

## Gender

- ☐ Male ☐ Female ☐ Transgender

## Sexual Orientation

- ☐ Gay/Lesbian ☐ Bisexual ☐ Straight ☐ Other: \_\_\_\_\_

# Special lodging\* or dietary needs (if any):

\* The Club Quarters is ADA accessible