



# Health Leadership Fellows

## **Health Leadership Fellows Application**

The Health Leadership Fellows Program is designed for current and potential executives of health-related nonprofit organizations, safety-net organizations and public agencies that address the needs of vulnerable older adults or young children impacted by poverty. Preferred participants will be in leadership roles, with tenure of at least five years in a management role, and have a strong commitment to and involvement with their local community. Please note that independent consultants do not meet eligibility criteria for this program.

### **Selection Criteria**

Participants selected will demonstrate the capacity to become vital leaders of organizations and their communities. Other factors include commitment to course requirements; experience and career aspirations; adaptability to change; receptivity to learning; ability and willingness to apply lessons learned; demonstrated ability to work collaboratively; the support of the participant's organization during the learning process; and continued service in western and central New York.

### **Directions**

Please electronically submit your completed application and essay responses to [fellows2016@hfwcnny.org](mailto:fellows2016@hfwcnny.org) by December 1, 2016.

If you have any questions, please email [nblaschak@hfwcnny.org](mailto:nblaschak@hfwcnny.org)

## **Health Leadership Fellows Application**

### **Personal and Professional Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Profession/ License: \_\_\_\_\_

Organization and Position: \_\_\_\_\_

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

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Home Contact Information**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

*Please read the statement below:*

I certify that the answers supplied in this application are true and complete to the best of my knowledge. I authorize verification of all statements in this application, as it relates to the selection process. If I am selected as a fellow, I agree to fully participate in the 18-month fellowship program including:

- Active participation in all program activities, including all retreats.
- Developing and implementing a leadership development plan; participating in the development of a collaborative team project
- Permitting the program to include my name, organizational information, biographical sketch and photo in informational and promotional materials pertaining to the program;
- Participating in the network of Health Leadership Fellows

Do you understand and agree with the above statement? Please indicate your agreement by checking 'yes' below.

Yes \_\_\_\_\_

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## ESSAY QUESTIONS

When you have completed the application form, please complete the following essay questions and e-mail both the application and completed essay to [fellows2016@hfwcny.org](mailto:fellows2016@hfwcny.org). Please be sure to include your name on each page of your essay.

1) **Your current professional role** (100 word maximum)

Describe the scope of your current position in the organization you represent. Include the type and size of the organization, the number of years in your current position, the number of years with the organization, and the number of direct reports.

Describe the management structure as well as your managerial experience.

2) **What attracted you to this career? What are your aspirations? What is your interest in the Health Leadership Fellows Program?** (350 word maximum)

Describe the reason you are interested in the fellowship. What do you hope to gain and accomplish (both personally and professionally) by your participation in the program?

Describe your professional goals for the next five to 10 years and how this program will contribute to your goals and professional aspirations.

3) **Accomplishments** (350 word maximum)

Provide examples that demonstrate significant leadership accomplishments and successes in both your professional and civic (or personal) life.

Provide an example of how you have created change.

4) **Challenges** (350 word maximum)

Describe a difficult or challenging situation you have experienced and what you learned from it. What specific leadership competencies do you want to develop or improve, and why?

5) **Describe three lessons in leadership you have learned in your professional and civic life** (100 word maximum )

These may have been learned through successes *or* failures.

6) **How did you learn about the Health Foundation's Health Leadership Fellows Program?**