



Health Leadership Fellows

Health Leadership Fellows Application

The Health Leadership Fellows Program is designed for current 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. 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 are vital leaders of organizations and their communities. They must be in decision-making positions of influence in the organizations they represent. Other factors include commitment to course requirements; experience and career aspirations; adaptability to change; receptivity to learning; ability and willingness to apply lessons learned and demonstrated ability to work collaboratively. The commitment by the organization's leadership to the participant's engagement with the Health Leadership Fellows' program is essential throughout the fellowship.

Directions

Please electronically submit your completed application and essay responses to fellows2017@hfwcny.org by December 1, 2017.

If you have any questions, please email nblaschak@hfwcny.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 fellows2017@hfwcnny.org. Please be sure to include your name on each page of your essay.

- 1) **Your current professional role** (100 word maximum)
- 2) **What attracted you to this career? What are your aspirations? What is your interest in the Health Leadership Fellows Program?** (350 word maximum)

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

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

- 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)

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