



# Application for Pedro Zamora Public Policy Fellowship

AIDS United provides opportunities to all qualified program applicants without regard to race, color, religion, national origin, sex, gender identity or expression, sexual orientation, age, marital status, family responsibilities, genetic information, disability, matriculation, political affiliation, liability for service in the Armed Forces of the United States, or any other characteristic protected by law.

*Please complete all fields. If question does not apply to you, please mark "N/A."*

## PERSONAL INFORMATION

|                 |            |        |                  |
|-----------------|------------|--------|------------------|
| Last name       | First      | Middle |                  |
| Current Address | City/State | Zip    | Telephone number |
| Email address   |            |        |                  |

## EDUCATION & TRAINING

|                        | <i>Name &amp; Location of School</i> | <i>Years Completed</i> | <i>Did you graduate?</i> | <i>Degree Received</i> |
|------------------------|--------------------------------------|------------------------|--------------------------|------------------------|
| <i>High School</i>     |                                      |                        | YES NO                   |                        |
| <i>College</i>         |                                      |                        | YES NO                   |                        |
| <i>Graduate School</i> |                                      |                        | YES NO                   |                        |
| <i>Other</i>           |                                      |                        | YES NO                   |                        |

List any licenses, certificates, or professional achievements and skills that you feel especially qualify you for the job for which you are applying.

## NATIONAL & COMMUNITY SERVICE

Please indicate below if you have ever served as a member of AmeriCorps, Peace Corps, or other Corporation for National & Community Service program.

| <i>Program</i> | <i>Location/Organization Served</i> | <i>Dates of Service</i> |
|----------------|-------------------------------------|-------------------------|
|                |                                     |                         |
|                |                                     |                         |

## PROFESSIONAL REFERENCES

| <i>Name &amp; Title</i> | <i>Contact Information (Telephone &amp; Email)</i> | <i>Relationship</i> | <i>Years Known</i> |
|-------------------------|--|---------------------|--------------------|
|                         |  |                     |                    |
|                         |  |                     |                    |
|                         |  |                     |                    |

*Please review and initial the box next to each statement, and sign application below.*

I authorize AIDS United to conduct a thorough investigation of all statements contained herein or information provided during the application process, including all references listed, education and all other matters relating to my suitability for the Program. I authorize the references I have listed to give AIDS United any pertinent information they may have, personal or otherwise, and release from all liability or responsibility AIDS United, its agents and all persons, companies or corporations providing information to AIDS United about me.

I hereby acknowledge that I have read and understand the above statements. I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may result in my ineligibility for the Program.

I understand that if selected for the Program, any misrepresentation or material omission made by me on this application, resume, or any other materials, or during any interview, will be sufficient cause for cancellation of the application or immediate removal from the Program whenever it is discovered.

If I am selected for the Program, I understand that I am free to leave the program at any time, with or without cause and without prior notice, and that AIDS United reserves the same right to remove me from the Program at any time, with or without cause and without prior notice.

I have read and fully understand the foregoing and seek consideration for placement in the AIDS United Pedro Zamora Public Policy Fellowship Program.

|  |  |
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|  |  |
|--|--|

Candidate Signature

Date

**Please attach the following:**

1. Cover letter indicating areas of interest.
2. CV or Resume
3. Writing Sample (3-4 pages)
4. Supplemental essay answering the following questions (300 words per question)
  - a. Describe your participation in any school, work, or extracurricular activities related to HIV/AIDS.
  - b. Describe your participation in any school, work, or extracurricular activities related to advocacy.
  - c. Why would you be the best candidate for the Pedro Zamora Public Policy Fellowship?
  - d. How would you use the skills you acquire from this Fellowship?
  - e. Clearly indicate whether you are applying for the Spring, Summer or Fall Fellowship term; your preferred start and ending dates; and the number of weeks you are available.

*Please ensure you have completed and enclosed all of the listed items before submitting your application.*

*Applicants who submit incomplete applications **will not be evaluated.***