



**Harvard-wide Pediatric  
Health Services Research Fellowship Program  
APPLICATION FORM**

**Deadline: September 10th, 2021 (for July 2022 entry)**

<b>Name</b>	<b>Professional Degree(s)</b>
<b>Current Position &amp; Institution</b>	<b>Phone Number</b>
<b>Board Status or Exam Date</b>	<b>Email Address</b>
<b>Mailing Address</b>	

**REQUIRED DOCUMENTS:**

1. Curriculum Vitae
2. Personal Statement --- in less than 2 pages, please explain your career goals, how the fellowship program would further these goals, and the type of research questions you would like to address.
3. Three (3) Letters of Recommendation --- letters should be addressed to Director, Kathleen Walsh, MD, MS, and must be e-mailed to [HSRFellowship@childrens.harvard.edu](mailto:HSRFellowship@childrens.harvard.edu)

*For each of your letter writers, please list their name, current position, and institution:*

Letter #1

Letter #2

Letter #3

4. Please check here if you are also interested in being considered for the Boston Children’s Hospital Pediatric Health Equity Fellowship. See the BCH HSR Health Equity Fellowship flyer for details. Only those currently affiliated with Boston Children’s Hospital with a position extending beyond July 2022 are eligible to apply.

Our federal reporting requirements include information about our prospective trainees with respect to their race, ethnicity and self-report of disabilities. Your responses are voluntary and will not impact the evaluation of your application.

**Race (check all that apply)**

American Indian/Alaska Native  
Asian  
Native Hawaiian or Other Pacific Islander  
Black or African American  
White  
Prefer not to respond

**Ethnicity (please check one)**

Hispanic/Latino  
Not Hispanic/Latino  
Prefer not to respond

**Do you have (or have you had) a disability defined as a physical or mental impairment that substantially limits one or more of your major life activities?**

I have a disability  
I do not have a disability  
I do not wish to identify my disability status

**How did you hear about the Harvard-wide Pediatric Health Services Research Fellowship Program? (check all that apply)**

Friend/Colleague	Advertisement
Mentor/Advisor	Web Search
LISTSERV	Other

**Please e-mail your completed application form, CV, and personal statement to:**

[HSRFellowship@childrens.harvard.edu](mailto:HSRFellowship@childrens.harvard.edu)