# Texas Center for Health Disparities: STAR Fellowship Program

# Personal Statement Template (Faculty Fellow)

**Faculty/Community Fellow**: xxxxx (*Applicant’s name goes here*.) xxxxx

**Faculty/Community Fellow, Title**: xxxxx (*Applicant’s title goes here*.) xxxx

**Name of Organization**: xxxxx (*Name of Organization goes here*) xxxxx

*{if applying as an individual, leave section below blank}*

**Team Fellow:** XXXX *(Applicant’s Team Fellow name goes here.)* XXXX

**Team Fellow, Title**: XXXX (Applicant’s Team Fellow title goes here.) XXXX

**Team Fellow Organization**: XXXX *(Name of Team Fellow’s Organization goes here)* XXXX

**Applicant:** Type your name here.

Your personal statement should answer the following questions:

*Briefly describe how your status as a historically underrepresented health professional has influenced and impacted your academic and professional career. Additionally, if you designated on the application that you are from a low-income community or the first person in your family to attend college explain how that impacted your career. Lastly, explain what you hope to gain from this fellowship and how you plan to apply it in your current academic position.*

Your personal statement should be typed in 12‑point ***black*** Arial font. The entire document should be 250-500 words with 1.5 line spacing and one-inch margins on the top, bottom and sides. We will not review personal statements that exceed the 500-word limit or that do not conform to the formatting instructions above.

At this time, **.**docx, .doc and pdf files only are accepted formats.

**Delete all green text, including the instructions, before uploading your personal statement.**

*Remember to use* **black type** *when entering your personal statement.*

You may find it helpful to print this entire template before you start working on it to preserve all instructions for future reference.

# Texas Center for Health Disparities: STAR Fellowship Program

# Personal Statement Template (Community Fellow)

**Faculty/Community Fellow**: xxxxx (*Applicant’s name goes here*.) xxxxx

**Faculty/Community Fellow, Title**: xxxxx (*Applicant’s title goes here*.) xxxx

**Name of Organization**: xxxxx (*Name of Organization goes here*) xxxxx

*{if applying as an individual, leave section below blank}*

**Team Fellow:** XXXX *(Applicant’s Team Fellow name goes here.)* XXXX

**Team Fellow, Title**: XXXX (Applicant’s Team Fellow title goes here.) XXXX

**Team Fellow Organization**: XXXX *(Name of Team Fellow’s Organization goes here)* XXXX

**Applicant:** Type your name here.

Your personal statement should answer the following questions:

*Briefly describe how your status as a historically underrepresented health professional has influenced and impacted your career. Additionally, if you designated on the application that you are from a low-income community or the first person in your family to attend college explain how that impacted your career. Lastly, explain what you hope to gain from this fellowship and how you plan to apply it in your current professional position.*

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