

2026-27 NEPHTC Stipend Program Application

I. NEPHTC Student Stipend Program description

The New England Public Health Training Center (NEPHTC) awards financial support to public health and health program students conducting field placement projects or faculty-student collaborative projects during the academic year 2026 – 2027. The award for graduate level students is \$5,000 and the award for undergraduate level students is \$3,500. The NEPHTC Student Stipend Program is designed to allow students to gain practical experience working on projects in public or nonprofit health agencies or organizations, including hospitals, community-based health care facilities, and non-traditional health settings. Projects serve medically vulnerable and/or rural areas or populations in one of the six New England states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

The program is funded through the Health Resources and Services Administration's (HRSA) New England Public Health Training Center, located at the Boston University School of Public Health (BUSPH).

NEPHTC's Student Stipend Program aims to strengthen the public health workforce through student field placements and faculty-student collaboratives, aligning with the Boston University School of Public Health's mission to improve the health of local populations. Applications will be weighed based on project suitability, agency characteristics, Health and Human Services (HHS) priorities, and regional representation across the New England states. All applications meeting minimum requirements will be considered, even if the project has already started.

II. ELIGIBILITY SCREENING

Eligibility:

- Must be a U.S. citizen or a non-citizen U.S. national or foreign national possessing a visa permitting permanent residence in the U.S (i.e. a green card.)
- Must be a graduate or doctoral student pursuing a degree in a health profession or a 3rd or 4th-year undergraduate student pursuing a public health degree.
- Must have a project planned in the New England region.

Program requirements:

- Projects must address **medically vulnerable communities and/or rural areas** in one of the six New England States
- Students applying for the NEPHTC stipend must have their project approved and confirmed by their university (if for school credit) and field placement site **before** submitting their application.
- Students are expected to work 200 total hours.
- If using this project for a school requirement, students can instead work the number of hours that fulfills their degree requirement for an internship/practicum at their academic institution.
- All internships require the following deliverables:
 - A signed workplan
 - A photo or image
 - An executive summary
 - A report that must include the following sections: abstract, introduction, methodology, findings, conclusions, and discussion.
 - Note: the report will be shared with HRSA. All deliverables may be used in whole or part as publicity materials for NEPHTC.
- Students must complete an evaluation at the end of their project and are responsible for having their agency or faculty supervisor complete an evaluation of their work.
- Depending on the timing of the project, an end of fiscal year survey also may be requested.
- All requirements must be completed no later than August 31, 2027.
- Students must respond to a follow-up survey one year after completing their project (2027-2028).

Q4 Nationality

- ☐ I'm a US citizen or non-citizen US national
- ☐ I'm a foreign national with a permanent residence visa (green card)
- ☐ I am in the US on a student visa or other non-permanent visa

Q5 Student Status

- ☐ I am a graduate or 3rd or 4th year undergraduate student in public health or a health professions degree.
- ☐ I am not a current student.
- ☐ I am studying something else.
- ☐ I am an undergraduate in my 1st or 2nd year.

Q6 I have a project planned in the New England region that focuses on a medically vulnerable and/or rural population.

- ☐ Yes
- ☐ No

Q7 I understand that this project must culminate with several deliverables outlined in the requirements by Summer 2027.

- ☐ Yes
- ☐ No

Q8 NEPHTC may use stories, photos, and work products from your project for use in educational and promotional materials now or in the future. The products are used to publicize the program for funders, public health agencies, and future students.

- ☐ I grant NEPHTC rights without compensation to use any photos, videos, stories or other deliverables I provide to NEPHTC.
- ☐ I do not agree to grant these rights.

Q9 Are you receiving another source of funding (grant, stipend, wage) for your project?

- ☐ Yes
- ☐ No

Display this question:

If Are you receiving another source of funding (grant, stipend, wage) for your project? = Yes

Q10 Students are not allowed to receive more than one source of *federal funding* for the same project. Please confirm with your supervisor or funder the source of your funding. This applies even for funding sources that are through another institution (for example, if your project site is providing you payment through a NIH grant or you have received a stipend from a CDC fellowship.)

- ☐ My funding is from a federal source.
- ☐ My funding is from another source.

Q11 Consolidated student descriptive data may be used by NEPHTC staff for quality improvement of student field placement processes, evaluation of program effectiveness, and for sharing lessons learned at public health conferences.

- I agree that data may be used as described above.
- I do not agree to share my data as described above.

Eligibility Screening – student will continue if the following requirements are met:

Q4 Nationality

- I'm a US citizen or non-citizen US national *or*
- I'm a foreign national with a permanent residence visa (green card)

Q5 Student Status

- I am a graduate or 3rd or 4th year undergraduate student in public health or a health professions degree.

Q6 I have a project planned in the New England region that focuses on a medically vulnerable and/or rural population.

- Yes

Q7 I understand that this project must culminate with several deliverables outlined in the requirements by Summer 2027.

- Yes

Q8 NEPHTC may use stories, photos, and work products from your project for use in educational and promotional materials now or in the future. The products are used to publicize the program for funders, public health agencies, and future students.

- I grant NEPHTC rights without compensation to use any photos, videos, stories or other deliverables I provide to NEPHTC.

Q9 Are you receiving another source of funding (grant, stipend, wage) for your project?

- No *or if follow up question "Students are not allowed to receive more than one source of federal funding for the same project. Please confirm with your supervisor or funder the source of your funding. This applies even for funding sources that are through another institution (for example, if your project site is providing you payment through a NIH grant or you have received a stipend from a CDC fellowship.)*
- My funding is from another source.

Q11 Consolidated student descriptive data may be used by NEPHTC staff for quality improvement of student field placement processes, evaluation of program effectiveness, and for sharing lessons learned at public health conferences.

- I agree that data may be used as described above.

Congratulations! You meet minimum eligibility requirements - please continue through the application.

III. IDENTIFICATION

Q14 First Name _____

Q15 Last Name _____

Q16 Phone _____

Q17 Email _____

Q18 Mailing address _____

IV. DEMOGRAPHIC INFORMATION

We are required to report the following demographic data to our funders. We do not publicly share this information except in consolidated form. We do not use this information in admission decisions.

Q20 **Year of Birth** (for example, 1988 or 2002) _____

Q21 **Gender**

- ☐ Female
- ☐ Male
- ☐ Prefer Not to Report

Q22 **Ethnicity**

- ☐ I am NOT of Hispanic, Latino, or Spanish origin
- ☐ I am of Hispanic, Latino, or Spanish origin
- ☐ Prefer not to Report

Q24 **Race** (One or more categories may be marked)

- | | |
|--|---|
| ☐ American Indian/Alaska Native | ☐ White |
| ☐ Asian | ☐ Other (specify) _____ |
| ☐ Black or African American | |
| ☐ Native Hawaiian/Other Pacific Islander | ☐ Prefer not to Report |

Q25 **Economically disadvantaged** According to the U.S. Census Income Level table, you grew up in a family that met the criteria for economically disadvantaged.

- ☐ Yes
- ☐ No
- ☐ Prefer not to Report

Q26 **Rural background** (Residence when growing up)

- | | |
|---|--|
| ☐ Rural | ☐ Urban |
| ☐ Semi-urban/Semi-rural | ☐ Prefer not to Report |

Q27 **Veteran status**

- | | |
|--|---|
| ☐ Active-Duty Military | ☐ Veteran - Prior Service |
| ☐ Not a Veteran | ☐ Veteran - Retired |
| ☐ Reservist | ☐ Prefer not to Report |

V. ACADEMIC

Q29 Academic Institution _____

Q30 Enrollee Status

- ☐ Campus-Based Enrollee
- ☐ Distance-Based Enrollee
- ☐ Hybrid Enrollee

Q31 Enrollment Status

- ☐ Full-time
- ☐ Part-time

Q32 Are you a Graduate or Undergraduate Student?

- ☐ Graduate
- ☐ Undergraduate

Q33 Academic or Training Year

- ☐ Undergraduate Year 3
- ☐ Undergraduate Year 4
- ☐ Graduate Year 1
- ☐ Graduate Year 2
- ☐ Graduate Year 3
- ☐ Graduate Year 4
- ☐ Graduate Year 5
- ☐ Graduate Year 6
- ☐ Graduate Year 7

Q35 Primary Discipline

- ☐ Allied Health
- ☐ Behavioral Health
- ☐ Dentistry
- ☐ Medicine
- ☐ Nursing
- ☐ Public Health
- ☐ Other

Q36 Some disciplines require you to also state your specialty/concentration/major. Choose the option that is most accurate. (Note – the specialty will only show up based on which discipline you selected.)

Q38 Allied Health Specialty

- ☐ Community Health Worker
- ☐ Dental Assistant
- ☐ Dental Hygiene
- ☐ EMT/Paramedic
- ☐ Home Health Aide
- ☐ Medical Assistant
- ☐ Midwife (non-nurse)
- ☐ Nutritionist/Dietician
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Pharmacy
- ☐ Physical Therapy
- ☐ Rehabilitation Therapy
- ☐ Speech Pathology/Therapy

Q39 Medical Specialty

- ☐ Acute Care Adult Gerontology
- ☐ Acute Care Pediatric
- ☐ Adult
- ☐ Adult Gerontology
- ☐ Adult Psychiatric/Mental Health
- ☐ Alternative/Complementary
- ☐ Child/Adolescent Psychiatric/Mental Health
- ☐ Community Health Nursing
- ☐ Emergency Care
- ☐ Family
- ☐ Family Psychiatric/Mental Health
- ☐ Geropsychiatric
- ☐ Generalist
- ☐ Neonatal
- ☐ Medical Ethics
- ☐ Psychiatric/Mental Health
- ☐ Palliative Care
- ☐ Women's Health/Pediatrics
- ☐ Pediatrics
- ☐ Women's Health

Q40 Behavioral Health Specialty

- ☐ Clinical Psychology
- ☐ Clinical Social Work
- ☐ Counseling Psychology
- ☐ Marriage and Family Therapy
- ☐ Pastoral/Spiritual Care
- ☐ School Psychology

Q41 Nursing Specialty

- ☐ Alternative/Complementary
- ☐ Clinical Nurse Specialist (CNS)
- ☐ Licensed Practical/Vocational Nurse (LPN/LVN)
- ☐ Nurse Administrator
- ☐ Nurse Anesthetist
- ☐ Nurse Educator
- ☐ Nurse Midwife
- ☐ Nurse Practitioner (NP)
- ☐ Nursing Informatics
- ☐ Public Health Nurse
- ☐ Registered Nurse (RN)
- ☐ Researcher/Scientist

Q42 Public Health Specialty

- ☐ Biostatistics
- ☐ Community Health
- ☐ Disaster Preparedness
- ☐ Disease Prevention/Health Promotion
- ☐ Environmental Health
- ☐ Epidemiology
- ☐ Global Health
- ☐ Health Communication
- ☐ Health Education
- ☐ Health Policy/Management
- ☐ Infectious Disease Control
- ☐ Injury Control/Prevention
- ☐ Social/Behavioral Sciences

Q43 Other Specialty

- ☐ Chiropractic
- ☐ Facility Administrator
- ☐ Health Informatics/Information Technology
- ☐ Medical Laboratory Sciences
- ☐ Office/Support Staff
- ☐ Podiatry
- ☐ Veterinary Medicine
- ☐ Physician Assistant

Q44 Are you seeking academic credit or meeting an academic requirement with this project?
☐ Yes ☐ No

Display these questions: If Are you seeking academic credit or meeting an academic requirement with this project? = Yes

Q45 Your School's Internship/Practicum Manager Name _____

Q46 Your School's Internship/Practicum Manager Email _____

Q47 What Is Your Expected Graduation Date?(MM/YY) _____

VI. SITE INFORMATION

Q50 Site Name *(Please include the agency and specific department if applicable ex. Vermont Department of Public Health, Geographic Information Systems.)* _____

Q51 Site Type - choose the best option.

- | | | |
|---|--|--|
| ☐ Academic institution | ☐ Federal and State Bureau of Prisons | ☐ Nursing Home |
| ☐ Acute Care for the Elderly (ACE) Units | ☐ Federal Government Office or Agency | ☐ Other |
| ☐ Acute care services | ☐ FQHC or look-alike | ☐ Other community health center (e.g. free clinic) |
| ☐ Aerospace operations setting | ☐ Geriatric ambulatory care and comprehensive units | ☐ Other Oral Health Facility |
| ☐ Ambulatory practice sites | ☐ Geriatric Behavioral or Mental Health Units | ☐ Physician Office |
| ☐ Assisted Living Community | ☐ Geriatric consultation services | ☐ Program of All Inclusive Care for the Elderly |
| ☐ Certified Community Behavioral Health Clinic (CCBHC) | ☐ Hospice | ☐ Residential Living Facility |
| ☐ Community - based care programs for elderly mentally challenged individuals | ☐ Hospital | ☐ School-based clinic |
| ☐ Community Behavioral Health Center | ☐ Independent Living Facility | ☐ State Government Office or Agency |
| ☐ Community care programs for elderly mentally challenged individuals | ☐ Indian Health Service (IHS) site | ☐ State Health Department |
| ☐ Community Health Center (CHC) | ☐ International nonprofit/nongovernmental organization | ☐ Surgery Clinic |
| ☐ Community Mental Health Center | ☐ Local Government Office or Agency | ☐ Tribal Health Department |
| ☐ Community-based organization | ☐ Local health department | ☐ Tribal Organization |
| ☐ Day and home care programs (e.g. Home Health) | ☐ Long-term Care Facility | ☐ Veterans Affairs Hospital or clinic |
| ☐ Dental Services | ☐ Mobile Clinic/Site | ☐ N/A |
| ☐ Dentist Office | ☐ National health association or affiliate | |
| ☐ Emergency Room | ☐ Nurse Managed Health Clinics | |
| ☐ Extended care facilities | | |

Q52 Site Website _____

Q53 Site Address _____

Q54 City _____

Q55 State

- | | |
|-------------------------------------|-------------------------------------|
| ☐ Connecticut | ☐ New Hampshire |
| ☐ Maine | ☐ Rhode Island |
| ☐ Massachusetts | ☐ Vermont |

Q56 Zip code with four digits extension (Format must include five digits, a dash, and four digits ex. 55555-4444) - [you can look up the extended zip code here.](#) _____

Q57 Is this site located in a HRSA defined **Medically Underserved Area/Population (MAU/P)**? [Use this link to find out.](#)

- ☐ Yes
- ☐ No
- ☐ Unsure

Display this question: If Is this site located in a HRSA defined Medically Underserved Area/Population (MAU/P)? = Yes

Q58 If yes, please provide the HRSA MUA/P Source Identification Number. [Click here to find the associated ID number.](#)

Q59 **Does this site offer Primary Care services?** (select "yes" even if the primary care services are not relevant to your project.)

- ☐ Yes
- ☐ No
- ☐ Unsure

Q60 **Does your agency serve a HRSA rural area?** Click here to search the address and identify whether it is rural.

- ☐ Yes
- ☐ No
- ☐ Unsure

Q61 **Select any HHS Priorities that this site offers (even if not a part of your project)**

- ☐ Medications for opioid use disorder (MOUD)
- ☐ Behavioral health
- ☐ Chronic diseases
- ☐ Integrated behavioral health in primary care
- ☐ Nutrition
- ☐ None of the above
- ☐ Unsure

VII. PROJECT PROPOSAL

Q63 Project type

A **Field Placement** provides students with structured opportunities to apply their acquired knowledge and skills in a practice setting. A **Faculty-Student Collaborative** is a project designed in conjunction with a faculty advisor(s) and an agency to address specific public health issues.

If you are not sure which one your project is, consider the question - who will be the person responsible who reviews and approves your deliverables? If it is a faculty member, select "faculty-student collaborative." If it is staff member of an agency or organization, select "field placement"

- ☐ Field Placement
- ☐ Faculty-Student Collaborative

Q64 Select any HHS Priorities that you will likely receive training on as part of this project.

- ☐ Medications for opioid use disorder (MOUD)
- ☐ Behavioral health
- ☐ Chronic diseases
- ☐ Integrated behavioral health in primary care
- ☐ Nutrition
- ☐ None of the above
- ☐ Unsure

Q65 Faculty-Student Collaborative Information – only fill out for Faculty-Student Collaborative Projects

Q66 How many other students are involved in the project (if any) _____
Q67 Primary faculty advisor contact information
Q68 Faculty Name (First and Last) _____
Q69 Faculty Position/Title _____
Q70 Faculty Phone Number _____
Q71 Faculty Email _____
Q72 Have you and your faculty advisor discussed the support they can offer for this project?
☐ Yes
☐ No
Q73 Community partner contact information
Q74 Community Partner Contact Name (First Last) _____
Q75 Community Partner Organization _____
Q76 Community Partner Contact Position/Title _____
Q77 Community Partner Contact Phone Number _____
Q78 Community Partner Contact Email _____
Q79 Have you and your community partner discussed the support they can offer for this project?
☐ Yes
☐ No

Q80 Field Placement Information– only fill out for Field Placement Projects

Q81 Field supervisor contact information

Q82 Supervisor Name (First Last) _____

Q83 Supervisor Department _____

Q84 Supervisor Phone Number _____

Q85 Supervisor Email _____

Q86 Have you and your supervisor discussed the support they can offer for this project?

- ☐ Yes
- ☐ No

Q87 Estimated Project Start Date (MM/DD/YYYY) _____

Q88 Estimated Project End Date (MM/DD/YYYY) _____

Q89 What is the name of your project? _____

Q90 Describe your project's purpose. (maximum: 1000 characters)

Display this question: If Faculty-Student Collaborative

Q91 Please specify which of the following best describes the work you will be doing.

- | | |
|--|--|
| ☐ Community health assessments | ☐ Grant application for community organization |
| ☐ Development of evidence-based programs for community partner | ☐ Materials supporting health department accreditation |
| ☐ Emergency preparedness | ☐ Other |
| ☐ Environmental health assessments | |

Q92 The following questions are open-ended. Please note that the use of generative AI is not allowed for answering these questions. Applications suspected of using generative AI will be followed up with or not accepted.

Q93 Describe your responsibilities, activities, and deliverables for this project. (maximum: 1000 characters)

Q94 What is your timeline for this project? (maximum: 1000 characters)

Q95 Describe how your project will contribute to addressing public health issues in medically vulnerable/rural populations. (maximum: 1000 characters)

Q96 Select Type(s) of Vulnerable Population(s) Studied and/or Served by your Project

- | | |
|--|---|
| ☐ Children or Adolescents | ☐ Older adults |
| ☐ College students | ☐ People with disabilities |
| ☐ Individuals experiencing homelessness | ☐ Pregnant women and infants |
| ☐ Individuals with chronic illness | ☐ Tribal Population |
| ☐ Individuals with HIV/AIDS | ☐ Unemployed |
| ☐ Individuals with limited English proficiency | ☐ Uninsured/Underinsured persons/families |
| ☐ Individuals with mental illness or substance use disorders | ☐ Veterans |
| ☐ Low income persons/families | ☐ Victims of interpersonal violence abuse or trauma |
| ☐ Military and/or military families | ☐ None of the above |

VIII. Additional open-ended questions

Q98 Describe how your personal experience brought you to this field and/or this project. (600 characters)

Q99 If there is anything else you would like us to know, please provide information here. (optional) (600 characters)
