



NAAOP Fellowship Applicant's Information

1. Full Name: _____ Gender: _____

2. Address: _____

3. Phone: Mobile: _____
Business: _____
Home: _____

4. Email Address: _____

5. Date of Birth: _____

6. Academic History (including degree(s), schools, training programs, certifications, and grade point average(s), etc.): _____

7. Work History (significant employment including current employment position, if applicable, whether or not it relates to this fellowship): _____

8. Experience with the Use of a Custom Orthotic Brace or Prosthetic Limb: _____



9. Describe Your Experience with Health Policy and Advocacy (if any): _____

10. What do you Hope to Achieve Through this Fellowship? (What is your motivation for applying for this fellowship?): _____

11. What is your Longer-Term Goal Involving Public Policy and Advocacy? _____

12. Is there anything you would like to express to the Selection Committee not already described above? (You may submit a separate document if you wish): _____

13. How did you find out about this fellowship opportunity? _____

14. Supporting Documentation: Please submit the following (only “a” below is required):

- a. Writing Sample (required), preferably related to public policy or advocacy
- b. Academic Transcripts (optional, but encouraged)
- c. Letter(s) of Recommendation (optional, but encouraged)

QUESTIONS?

For questions, please contact Julia Nielsen at (202) 349-4282 or email Julia.Nielsen@powerslaw.com.