Fairview

# CCHE Accelerator Fellowship Application Form

Thank you for your interest in applying to the **Center for Community Health Equity (CCHE) Accelerator Fellowship**. This opportunity is designed for community members seeking to advance health equity through a year-long experience focused on leadership development, project acceleration, and network building.

To be considered, you must complete the form below by Thursday, Oct. 1, 2026, at 11:59 p.m. CST. Semi-finalists will be notified by late October and invited to participate in an in-person (virtual option available) interview in early November. Final cohort selections will be announced mid-November 2026.

Before applying, we encourage you to review the **eligibility criteria and FAQs** available on our website. If you have any questions, please contact us at **cche@fairview.org**.

Applications must be submitted through the online submission form, which you can access using the below link or QR code.

Application form: https://redcap.link/CCHEFellowship2027

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**First Name:** _____

**Last Name:** _____

**Optional:** *Your name is part of your identity; we want to address you with accurate pronunciation. If you would like, please share how you pronounce your name. (For example, you can spell it phonetically or provide an example "rhymes with...").* _____

*If you would like, please share your pronouns.* _____

**Email:** _____

**Phone Number: _____**

**Zip code of home address_____**

**What is your occupation: _____**

**How did you hear about the CCHE Accelerator Fellowship?**

- ☐ Fairview Staff
- ☐ Email
- ☐ Flyer
- ☐ Shared with me by a friend or colleague
- ☐ Website
- ☐ Other

If referred by a Fairview staff member, please list their name below. *We ask for this information so we can thank those who referred applicants.* _____

If you selected “other”, please share how you heard about the CCHE Accelerator Fellowship_____

## Your Vision for Health Equity

**Project Title: _____**

**1-2 Sentence Project Description: _____**

**Problem:** What is the health equity challenge you want to address and why? Why is this issue important to your community and what has contributed to your awareness and understanding of this? In what ways are you personally well-positioned and equipped to address this issue?

Character Limit 1,500 characters

**Proposal:** What transformation do you hope to see and what impact do you intend to make through the fellowship toward that vision? Describe the project you seek to accelerate including your goals and the project plan, and how the $10,000 will support project activities.

Character Limit 1,500 characters

**Objectives:** Please list your top three objectives or goals you want to accomplish through your project during the Fellowship (January to December 2027)

Character Limit 1,500 characters

Objective 1:

Objective 2:

Objective 3:

**Project Stage:** What stage of development is your project in?

- ☐ **Early idea:** The concept is in its initial phase, with a general problem or opportunity identified but limited detail on methods, scope, or resources. Exploration and brainstorming are ongoing.
- ☐ **Development / Planning:** The project has a defined goal and design, with key elements such as strategy, partnerships, budget, and implementation steps being developed or finalized.
- ☐ **Pilot:** A small-scale implementation is underway to test feasibility, refine the approach, and gather initial data before broader rollout.
- ☐ **Growth:** The project is expanding beyond the pilot, increasing reach, scale, or impact while continuing to refine processes based on feedback and results.
- ☐ **Standardization:** The project is fully established with consistent processes, proven outcomes, and clear protocols, making it sustainable and replicable across settings.
- ☐ **Other** (please explain)_____

Please use the **Budget Template** to upload a draft project budget outlining expected expenses (of up to $10,000).

## Your Leadership Journey

*Leadership looks different across communities, and we need different kinds of leadership across our communities.*

Tell us how your identity, background, and/or relationships influence your leadership. Share an example or two of your leadership—formal or informal—and

how your life experiences have shaped your approach and values. Share how your leadership journey is connected to your project idea. In what ways are you personally well-positioned and equipped to address this issue?

*Character Limit: 2,000 characters or 3-minute video* (one format only)*

**Note: video must be created in a format that can be shared via a link, as we are unable to upload large files.*

*This Fellowship hopes to deepen connections with other local health equity leaders and advance your leadership journey.*

How can this fellowship support you as a leader and how could you reciprocally contribute to the fellowship cohort? Why is now the right time for you to participate in this Fellowship?

*Character Limit 2,000 characters*

What are the topics or skills that would assist in your leadership development? What technical assistance, resources or support would be most helpful to achieve your health equity vision?

*Character Limit 1,000 characters*

Please share your experience with budgeting, financial management, and/or operations.

*Character Limit 1,000 characters*

Which of the following social determinants of health focus do feel strongly apply to your proposed idea?

*(choose up to 3)*

- ☐ Transportation
- ☐ Housing
- ☐ Food
- ☐ Social connection
- ☐ Neighborhood and built environment

- ☐ Education
- ☐ Economic stability
- ☐ Accessing and navigating care
    - ☐ Mental health
    - ☐ Maternal health
    - ☐ Preventative health
- ☐ Caregiver supports
- ☐ Other_____

What geographic community do you anticipate your project most immediately impacting (county, city, and/or neighborhood as relevant)?

- ☐ County_____
- ☐ City_____
- ☐ Neighborhood_____
- ☐ Other_____

What specific population do you anticipate your project impacting?

*(choose up to 3)*

- ☐ BIPOC communities
- ☐ Immigrants
- ☐ Youth
- ☐ Older adults
- ☐ People experiencing homelessness
- ☐ People experiencing food insecurity
- ☐ People who are pregnant or postpartum
- ☐ People with disabilities
- ☐ People with chronic health conditions
- ☐ People who are neurodivergent
- ☐ People in recovery
- ☐ People who have experienced trauma
- ☐ Another population not listed_____

Will your project be affiliated with an existing organization?

- ☐ Yes

☐ No

If yes, please provide:

- Organization name _____
- Your role in, or relationship to the organization. _____
- Please make sure one of your letters of support is from the affiliated organization.
- Share briefly how the project is connected to the organization. What are the resources, if any, the organization has committed to making the project a success? _____

Do you have any team members or partners that you will work with to implement this project?

☐ Yes
☐ No

If yes, please list their names and briefly describe their roles in the project_____

All Fellows will be provided with a 1099 for the $3,000 stipend. Fellows have three options on how to manage the $10,000 project funds. Please select the option which best fits your situation.

☐ **Fellow Selected Fiscal Agent:** Project funds (up to $10,000) are disbursed to an institution of the fellow's choice that has agreed to be their fiscal agent. (e.g., their employer, nonprofit, or fiscal sponsor). Fellows are encouraged to discuss any fiscal agent or host organization fees upfront and should be included in preliminary budget.
☐ **Fairview Supplied Fiscal Agent:** If you do not want to accept the project funds (up to $10,000 personally, and if you do not have a connection to an organization to be your fiscal agent, project funds are held and disbursed by a Fairview partner organization.

Please confirm that you do not work for Fairview Health Services by clicking the box below

☐ I am not a current Fairview Health Services Employee

The Fellowship includes both in-person and virtual sessions throughout the year (please review the Fellowship curriculum for dates and times of sessions) equaling about 105 hours. Are you able to commit to attending all sessions?

- ☐ Yes
- ☐ No
- ☐ I have conflicts with the following: _____

Please upload two letters of support (If your project is affiliated with an existing organization, please ensure one of the letters is submitted by that organization).