

Macy Faculty Scholars Program 2027

The Josiah Macy Jr. Foundation

Information about the Macy Faculty Scholars Program

If you have not already done so, please review the following materials that provide information on eligibility and selection criteria, application and selection processes, and highlights of the Macy Faculty Scholars Program:

- Macy Faculty Scholars Program eligibility and selection criteria
- The Next Generation of the Macy Faculty Scholars Program blog post
- Key Dates and FAQs (see bottom of the page)

Applications must be submitted no later than **July 30, 2026, at 11:59pm ET.**

You may return to your online application as often as you like prior to submitting it. Please note that once you have submitted your application, it cannot be reopened.

Please note the application instructions regarding page limit and formatting requirements for document uploads. Applications that do not meet the requirements will be returned with an invitation to resubmit only once.

If you have any questions, please feel welcome to contact us at info@macyfoundation.org. Best of luck and thank you for your interest in the Macy Faculty Scholars Program!

Applicant / Mentor / Dean Information

Name of Proposed Macy Faculty Scholar*

Enter the full name, along with credentials, of the candidate applying to the Macy Faculty Scholars Program.

Character Limit: 250

Proposed Macy Faculty Scholar's Academic or Professional Title*

Character Limit: 250

Proposed Macy Faculty Scholar's Biosketch*

Please download, complete, and upload the candidate biosketch form (click on "candidate biosketch form" to download the MFS-specific form).

File Size Limit: 2 MB

Name of Proposed Macy Faculty Scholar's Institutional / Primary Mentor*

Please provide the proposed mentor's full name and academic degree(s).

Character Limit: 250

Mentor's Contact Information*

Please provide the preferred email address of the senior faculty member who will serve as the candidate's institutional / primary mentor.

Character Limit: 254

Mentor's Biosketch*

Please download, complete, and upload the mentor biosketch form (click on "mentor biosketch form" to download the MFS-specific form). If the candidate has more than one mentor, only the primary mentor's biosketch is required.

File Size Limit: 2 MB

Name of Proposed Macy Faculty Scholar's Nominating Dean*

Please provide full name and academic degree(s) of the dean who is nominating the candidate.

Character Limit: 250

Dean's Contact Information*

Please provide the dean's preferred email address.

Character Limit: 254

Department Chair's Contact Information*

Please provide the preferred email address of the candidate's department chair.

Character Limit: 254

Additional Letter Writer's Contact Information*

Please provide the preferred email address of the candidate's additional letter writer.

Character Limit: 254

Application Materials and Supporting Documents

Personal Statement / Statement of Career Objectives*

Provide a statement telling us where you are in your career as an educator, including relevant details that led you to this point. The committee is eager to learn about you and your career path, as well as your plans for the future. Use this as an opportunity to introduce yourself—as opposed to your project—to the reviewers. **Document Requirements: 2 pages maximum, 12 pt font, Times New Roman, 1" margins, single space. Please write in the first person. Suggest uploading a PDF to ensure the document meets stated guidelines.**

File Size Limit: 2 MB

Project Title*

Character Limit: 1000

Project Description*

Describe the educational scholarly project to be conducted under the Macy Faculty Scholars Program. Include in the description the rationale, theoretical framework, timeline, involvement of other individuals. Also include details regarding the impact or change you anticipate your project will achieve, and how you plan to assess or measure that impact/change. Please discuss the likelihood that the project will influence national trends in health professions education and--ultimately--improve the health of the public. Finally, indicate the commitment of institutional or other resources to the project. Your proposal should be well-articulated, well thought through, and appropriate in terms of scale given the duration of the award. **Document Requirements: 3 pages maximum (including references), 12 pt font, Times New Roman, 1" margins, single space. Please limit references to no more than 8. Suggest uploading a PDF to ensure the document meets stated guidelines.**

File Size Limit: 2 MB

Priority Area*

Please indicate if your proposal falls within one of the three Macy priority areas. If the proposal does not fall within one of these priority areas, please select Other.

Choices

Promoting diversity, equity, and belonging
Increasing collaboration among health professionals
Preparing health professionals to navigate ethical dilemmas
Other

Nominating Letter from the Dean*

Provide a one- to two-page letter from the dean of the school that is nominating the candidate.

File Size Limit: 2 MB

Mentor Support Letter*

Provide a two-page letter from the candidate's mentor describing the characteristics that suggest the candidate's potential for impact and leadership and indicating a commitment to advise the candidate on project work and career development.

The mentor's letter should demonstrate the mentor's familiarity with the candidate and how the mentor will supervise the project. It should also demonstrate whether the mentor is positioned to sponsor the candidate and ensure the candidate's success.

File Size Limit: 2 MB

Department Chair Support Letter*

Provide a one- to two-page letter from the candidate's department chair indicating the chair's commitment to protecting the time of the candidate and describing the role of the candidate in the department.

File Size Limit: 2 MB

Additional Support Letter*

Provide a one- to two-page letter from a senior faculty member familiar with the work of the candidate. If the applicant's project involves faculty or students from another health profession, the Additional Support Letter should be from a faculty member from the corresponding school. The faculty letter should address the personal characteristics of the candidate as a future leader.

File Size Limit: 2 MB

How did you hear about the Macy Faculty Scholars Program?

Please check all that apply.

Choices

Home Institution

Colleague

Macy Faculty Scholar (current or alumni Scholars)

Regional / National Society or Organization

Internet Search

LinkedIn Ad

Social Medical Post

Other

If you have any questions about this process, feel free to contact us via email at:
info@macyfoundation.org

Demographic Information

The Josiah Macy Jr. Foundation is committed to addressing systemic inequities that limit opportunities for health professionals. In an effort to track the effectiveness of the Foundation's commitment to diversity, equity, and belonging, we are collecting and reviewing demographic data in aggregate. Your individual responses will be kept confidential and will not be used in the decision regarding your application.

Please consider answering the following questions.

Gender

Please indicate the gender of the applicant.

Choices

Female

Male

Non-Binary

Other

Prefer not to answer

Gender (other)

If you selected other for gender, please enter your response.

Character Limit: 250

Preferred Pronouns

Please indicate your preferred pronouns.

Character Limit: 250

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and/or Asexual (LGBTQIA+) community?

Choices

Yes

No

Other

Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

American Indian or Alaska Native

Asian

Black or African American

Hispanic, Latino, or Spanish

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Other

Prefer not to answer

Race/Ethnicity/Origin (other)

If you selected other to the question above, please describe here.

Character Limit: 250

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

Yes, I have a disability (or previously had a disability)

No, I do not have a disability

Prefer not to answer

