



SUNY
DOWNSTATE
Medical Center

School of Public Health

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The School of Public Health Lenard And Christine Szarek Fellowship Fund Application Fall 2019 Awards

Please indicate your degree program and concentration:

☐ MPH ☐ DrPH

☐ Biostatistics (BIOS) – MPH only ☐ Community Health Sciences (CHSC)

☐ Environmental & Occupational Health Sciences (EOHS) ☐ Epidemiology (EPID)

☐ Health Policy and Management (HPMG) – MPH only

Selections for 2019 will be made for the Summer and Fall semesters.

Deadline for application submission: Monday, August 19, 2019 by 12:00 midnight.

Please submit your application and supporting documents to Ms. Christine Murrell –
christine.murrell@downstate.edu.

IDENTIFICATION INFORMATION

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (SUNY DMC Student ID Number)

Name of your Faculty Advisor

Date of Birth _____ Gender (optional): ☐ Female ☐ Male ☐ Other
Month/Date/Year

Mailing Address

(NUMBER AND STREET)

(APT. #)

(CITY)

(STATE)

(ZIP CODE)

(COUNTRY, if other than US)

Home Telephone _____ Business Telephone _____ Cell Phone _____

E-mail address _____

****Must Complete****

APPLICANT'S SIGNATURE

Applicant Signature

Date

FOR OFFICE USE ONLY

COMMITTEE CHAIR SIGNATURE: _____ DATE: _____

☐ AWARD GRANTED

☐ AWARD REJECTED

COMMENTS:

SUNY Downstate Medical Center SPH does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran. Responses on this application to questions of race, sex, and date of birth are voluntary.