

School of Public Health

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

Please indicate your	degree program and concen	itration:			
□ 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, May 6, 2019 by 12:00 midnight.					
• •	oplication and supporting do tudent Affairs – <u>daniel.ilyay</u>		el Ilyayev, MS	S.Ed., Assis	stant Dean
IDENTIFICATION	N INFORMATION				
(LAST NAME)	(FIRST NAME)	(MIDDLE INITIAL)	(SUNY DMC Student ID Number)		
Name of your Faculty Advi	sor				
Date of Birth	Month/Date/Year	Gender (optional):	□ Female	□ Male	□ Other
Mailing Address	monary bace, real				
	(NUMBER AND STREET)		(APT. #)		
(CITY)	(STATE)	(ZIP CODE)	(COUNTRY, If ot	her 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:DA					
☐ 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.