



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

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 					
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 I	D Number)	
Name of your Faculty Advi	sor				
Date of Birth	Month/Date/Year	Gender (optional):	□ Female □ Male □	□ Other	
(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 SIGNAT					
Applicant Signature	FOR (OFFICE LICE ONLY	Date		
FOR OFFICE USE ONLY					
Committee Chair Sig	gnature:	Date	Date:		
Comments:	□ Award Granted	□ award	l Rejected		

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