

**CPH Board of Advisors Student Award  
2017 Application Cover Form**

Applicant's Name: \_\_\_\_\_

Degree Program (circle one):                      MPH                      MHA                      MS                      PhD

Department (circle one): Biostatistics      Community and Behavioral Health      Epidemiology  
Health Management and Policy      Occupational and Environmental Health      Non-Departmental

Expected Graduation Date: \_\_\_\_\_      Current GPA: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

DEO's/Program Director's Signature: \_\_\_\_\_

*NOTE: Please include a letter of support with your application.*

Other Education:

Extracurricular Activities/Professional Experience (including volunteer and community work):

**CPH Board of Advisors Student Award**  
**2017 Essay**  
(300-500 words, single spaced, 12 point font)