

Departmental Scholarship Application

Please check the scholarship for which you are applying (*links are provided to scholarship criteria*):

Arlene Caggiula Student Award in Nutrition*

Evelyn H. Wei Memorial (Travel) Fund*

Evelyn H. Wei Scholarship Award in Epidemiology

**Please refer to the Additional Supporting Documentation section to ensure all application requirements are met.*

More scholarship information is provided in the [Department of Epidemiology Student Handbook](#).

Applicant Information

First name _____ Last name _____

Mailing address: _____

E-mail address: _____

Year of matriculation to Department of Epidemiology: _____ Cumulative Pitt Public Health GPA: _____

Degree program: MPH MS PhD DrPH

Basis for Scholarship Request

1. Describe your accomplishments to date at Pitt Public Health with regard to class work, research and/or service:

2. Do you currently have other sources of funding or scholarships from the department, school, or university?

Yes

No

If so, indicate the source and funding level:

3. Have you previously received a departmental scholarship (*travel or tuition credit*)? Yes No

If so, specify the scholarship name and term/year in which it was received:

4. If you are applying for the **Evelyn H. Wei Memorial (Travel) Fund**, indicate your travel destination and dates, as well as the reason(s) you want to make the trip (*academic/professional benefits of your plans*). Also, provide a budget and indicate the requested funds needed:

5. Indicate the level of support you are receiving from other sources (*if any*):

Additional Supporting Documentation

- ◆ Your academic advisor must submit a memo/letter/e-mail in support of this application and sign below. This document may accompany your application, or can be e-mailed or delivered to Lori Smith, Epidemiology Student Services Manager & Program Administrator (smithl@pitt.edu).
- ◆ Students who are GSRs or trainees applying for **Evelyn H. Wei Memorial (Travel) Fund** are required to submit a memo/letter/e-mail from their GSR/traineeship supervisors specifically stating that no other funding source is available to cover travel related expenses.

Applicant signature

Date (mm-dd-yyyy)

Supporting statement provider/title/organization name

Supporting statement provider/title/organization signature

Date (mm-dd-yyyy)

Department chair first name

Department chair last name

Department chair signature (*required following application review*)

Date (mm-dd-yyyy)

Award (*department chair checks one – Student Services staff will communicate with chair’s office to confirm*):

Denied

Approved

Scholarship award: \$ _____

Submit applications and supporting documentation to the Epidemiology Student Services Manager and Program Administrator, Lori Smith, (smithl@pitt.edu).