



**CANADIAN REGISTRATION BOARD OF OCCUPATIONAL HYGIENISTS
CONSEIL CANADIEN D'AGRÉMENT DES HYGIÉNISTES DU TRAVAIL**

2021 CRBOH Awards Program

Scholarship Details

Two \$250 scholarships along with free examination fees will be awarded by the Board of Directors during the Annual General Meeting.

The scholarship program is open to all graduating students enrolled in the following Universities:

- University of British Columbia - School of Population and Public Health*
- University of Toronto - Graduate Department of Public Health Sciences*
- McGill University - Department of Occupational Health*
- Université de Montréal – School of Public Health*

Eligibility Criteria

Preference will be given to applicants who have made a concerted effort to be involved in the occupational hygiene community, demonstrated involvement in occupational hygiene activities, and attendance at pertinent conferences and seminars.

Application Deadline

To be considered, all applications and attachments must be received no later than March 15th, 2021.

Application Details

To apply, please:

1. complete the attached scholarship application form
2. provide a response of approximately 500 words to the following question:

“How do you plan on making a difference as a future practicing occupational hygienist?”

Please feel free to attach additional information to this application

* Applicants are only eligible to win the CRBOH Scholarship one time over the course of their studies.



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Personal Information

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Mailing Address:	
Phone:	
Email:	

Are you a member of an occupational hygiene association? Y N Which one?
Have you attended monthly meetings of the association? Y N How many?

Educational Background

(please briefly describe post-secondary education received to date)

Please feel free to attach additional information to this application

Community Involvement

(please briefly describe how you engage in your community)

Please feel free to attach additional information to this application

By signing below, I _____ commit that I am not aware of any inaccuracy in the information that have provided and that I believe that I meet the eligibility criteria as stated:

Name (print)

Signature

Date

Please attach a resume and add any additional information you feel may be useful, and send to the CRBOH Registrar at:

Email: secretariat@crboh.ca

Mailing Address: P.O. Box 26125, Maryland Postal Outlet, Winnipeg, Manitoba R3G 3R3