

GRADUATE SCHOLARSHIPS AWARD FORM

STUDENT INFORMATION	
NAME:	EMAIL:
CITIZENSHIP:	Master or PhD
DEPARTMENT/FACULTY:	PROGRAM START:
UNB Student ID #	GPA: (of most recently completed degree)
PROPOSED SUPERVISOR:	
PROJECT TITLE:	
I acknowledge that SGS reserves the right to make public information about scholarship recipients & to share information with funding partners * Student Signature: Date:	
RESEARCH INFORMATION	
RESEARCH INFORMATION Please provide a succinct summary of the nominee's research or pro	oject focus (max 1750 characters):
	oject focus (max 1750 characters):