Date

TEL: 604.822.2848 FAX: 604.822.5802

PUBLIC SCHOLARS INITIATIVE FELLOWSHIP APPLICATION FORM - 2025-2026 COMPETITION

Applicant Information	
Last name of applicant	
First name of applicant	
UBC student number	
Email	
UBC Graduate Program (please	
write the official name)	
Doctoral Program Start Date	
Supervisor(s)	
Doctoral Project Title	
Signature	
I hereby agree that to the terms ar	nd conditions outlined in the "Signature" section of the application
instructions.	

Applicant's signature

Graduate and Postdoctoral Studies WWW.GRAD.UBC.CA

170-6371 CRESCENT ROAD VANCOUVER, BC, CANADA V6T 1Z2 TEL: 604.822.2848 FAX: 604.822.5802

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Outline of Proposed Scholarly Work		

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Relationship of Proposal to PSI Goals	

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Leaves of Absence/Special Circumstances Impacting Research (if applicable)	
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Explanation of why cu kternal Collaborator Organization #1	rrent stipend support is unavailable or insufficient	
Explanation of why cu	rrent stipend support is unavailable or insufficient	