



**Gill Family
Foundation**

NOMINATION FORM

Your Name: _____ Title: _____

University: _____

Email address: _____ Phone number: _____

Doctoral Candidate to be Invited by SAH to apply for the Gill Dissertation Research Fellowship:

Name of Candidate: _____

Department and PhD Program: _____

Title of Dissertation: _____

Email address: _____ Phone number: _____

Briefly describe why this candidate is eligible to apply for the Gill Dissertation Research Fellowship (250 words max):