

Applicant has signed form indicating that he/she meets each of the eligibility requirements for the award.

- Full-time faculty member.
- Former PTS Fellowship: ____ Never ____ Past, in what year or years: _____
- Plan to continue full-time service during the year following the award period
- Will not be used adjacent to any sabbatical leave.
- Will not be used to complete a terminal degree.
- Have clearly specified a consecutive six-week period for project and understand that I may not accept any other monetary compensation from any other sources during that time period.

My signature below indicates that I have read, understand, and meet or will meet all eligibility requirements for this award.

Print name

Signature

Date