

GRANT BENEFITS INFORMATION – SCHOLARS

This form will help the Whitaker International Fellows and Scholars Program estimate the cost of your grant. Please complete this form as accurately and completely as possible.

Name _____

Host Country _____

Host Institution _____

Proposed grant start date (can be approximate) _____

How many months (6-24) do you expect to need to complete your grant? _____

May we share your name with other Fellows and Scholars?

Yes

No

I plan to accept a Whitaker International Scholarship, pending my review of the grant terms.

I decline a Whitaker International Scholarship, and I am withdrawing.

Your Signature _____

Date _____

By signing above, you acknowledge that the information included herein is accurate and complete. If you are withdrawing from the competition, please attach a letter of withdrawal indicating your reasons.