GRANT BENEFITS INFORMATION – FELLOWS

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 in length is an academic year in your (Fellows can go anywhere between 9-12 months)	host country?
Does your host institution require tuition/college fees?	Yes No No
If so, how much are these fees (local currency)?	
Tuition	Per
Other fees	Type
Tuition will be paid upon presentation of an invoice or receipt from the higrantee. If applicable, please enclose a payment schedule as provided by the Program will provide partial tuition costs (up to \$10,000), as determine US dollars, please be sure that you include documentation of the exchange costs. Reimbursements will be in US dollars only.	he host institution. Remember, the Whitaker d by IIE. If the institution does not bill in
May we share your name with other Fellows and Scholar	s? Yes \(\bigcap \) No \(\bigcap \)
☐ I plan to accept a Whitaker International Fellowship/Sch grant terms.	olarship, pending my review of the
☐ I decline a Whitaker International Fellowship/Scholarship	o, 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.