

Teaching Development Fellowships

Division of Education Programs
Division of Research Programs, Room 318
1100 Pennsylvania Ave., NW
Washington, DC 20506
tdfellowships@neh.gov

OMB NO. 3136-0134 Expires 6/30/12

NEH Teaching Development Fellowships

ACCEPTANCE FORM

You must accept or decline the offer of a 2011-2012 NEH Teaching Development Fellowship **no later than** *April 29, 2011.* To accept the award, please complete, sign, and return the acceptance form to the **NEH Teaching Development Fellowships Program** by either scanning and e-mailing it to **tdfellowships@neh.gov** or faxing it to **(202) 606-8204** by this deadline.

1.	Application Number:					
2.	Name:					
3.	Social Security Number:					
4.	Mailing Address:					
	Home Phone: ()					
	Office Phone: ()					
	E-mail:					
5. Teaching Development Fellowship Term Dates: (Note: The fellowship term automatically beg the first day of your initial month and ends on the last day of your final month.)						
	From through Month/year Month/year					
	Month/year Month/year					
	Number of months covered:					

6.	How would you like the TDF award paid? Choose only one option.					
	☐ Direct deposit payments into your bank account through Automated Clearing House (ACH). ☐ Direct deposits into the account of your employing institution through Automated Clearing House (ACH).					
7.	Do you need your first payment early?	□ No	□ Yes			
8.	Do you need a larger first payment?	□ No	□ Yes			
	Additional amount requested:					
	Reason for a larger first payment:					
awa	PORTANT: The acceptance form does NOT re ard payments. Once your completed and signed a sent to you that includes instructions on submitting	acceptance form is	received by NEH, the			
9.	Acceptance and Certification					
	I accept the offer of a fellowships award and agree to comply with the conditions governing it as set forth in the <i>General Information on 2011-2012 NEH Teaching Development Fellowships</i> . I certify that the information submitted in this form is true and correct to the best of my knowledge and that any changes or additions will be promptly reported to NEH.					
	Signature		Date			

Privacy Act Statement: Social Security Numbers are required by law for the processing of payments of Federal funds. Failure to provide this information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Paperwork Burden: NEH estimates the average time to complete this form is one hour per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data, and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time, to the Director, Office of Publications and Public Affairs, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.