GIFT 2015 Signature Page

Name: _____________________________

School: _____________________________

School System: ______________________

Teacher Applicant:
I have completed all sections of this application and I give my permission for you to contact the personal references listed therein. I have read all parts of the General Information Guidelines on GIFT (at https://www.ceismc.gatech.edu/gift/faq) and understand what is expected of me if I receive a GIFT Fellowship. If awarded a GIFT Fellowship, I will commit myself full-time and will not undertake any conflicting duties. I expect to teach K-12 students in Georgia in the school year following the GIFT summer. I understand I may be observed by a CEISMC representative during the 2015-16 school year for the purpose of data collection regarding the effectiveness of the GIFT program.

Signature: ____________________________ Date: __________

Print Name: __________________________________________

School Leadership:
I am aware that this teacher applied for a GIFT Fellowship and I endorse this application. I understand that a primary goal of GIFT is to encourage teachers to translate the summer work experience into classroom and professional development activities. If this teacher is awarded a Fellowship, I agree to reinforce his or her efforts and to support his or her participation. I will strongly encourage in-school efforts to share the GIFT experience with students in the classroom and others in our school for 2015-16.

Signature: ____________________________ Date: __________

(Principal)

Print Name: __________________________________________

Signature: ____________________________ Date: __________

School Administrator
(i.e. Department Head, Headmaster, etc.)

Print Name: _________________________________________

Please mail this original signature page to:
Georgia Institute of Technology
CEISMC
Attn: GIFT Program
Atlanta GA, 30332-0282