GIFT 2019 Signature Page

Name:	 _
School:	
School System:	



Teacher Applicant:

I have completed all sections of this application and give my permission to for you to contact references, if needed. 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/Internship. I also understand I may be subject to additional requirements which may include a criminal background check and/or drug/alcohol screening. If awarded a GIFT Fellowship/Internship, 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 2018-19 school year for the purpose of data collection regarding the effectiveness of the GIFT program.

Signature:	Da	Date:		

Print Name:

School Leadership:

I am aware that this teacher applied for a GIFT Fellowship/Internship 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/Internship, 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 2019-20.

	Signature:	(Principal)	Date:
		(Fincipal)	
	Print Name:		
OR			
	Signature:	School Administrator (i.e. Department Head,	
	Print Name:		
	l this original signature stitute of Technology	page to:	

CEISMC Attn: GIFT Program Atlanta GA, 30332-0282

Applicants will be contacted by GIFT within 10 business days of the date of your application submittal if we have not received your signature page.