

GIFT 2020 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 2020-21 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/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 2020-2021.

Signature: _____ Date: _____

(Principal)

Print Name: _____

OR

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