

GIFT 2016 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 2016-17 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 2016-17.

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