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: __________________________________________