



Teaching Scholar Fellowship Program

Verification of Eligibility

My signature below indicates that I have read, understand and meet or will meet all eligibility requirements for this award.

- Full-time faculty member
- Former PTS Fellowship: _____ Never _____ Past, in what year(s): _____
- Plan to continue full-time service during the year following the award period
- Will not be used to complete a terminal degree
- Have clearly specified a consecutive six-week period for project and understand that I may not accept any other monetary compensation from any other sources during that time period

Print Name

Signature

Date