



**NEH-NSF Documenting Endangered Languages Fellowships
2012-2013 Acceptance Form**

You must accept or decline the offer of a 2012-2013 NEH-NSF Documenting Endangered Languages Fellowships award **no later than Friday, May 18, 2012**. To accept the award, please complete, sign, and return the acceptance form to the **NEH Fellowships Program** by either scanning and e-mailing it to **fellowships@neh.gov** or faxing it to **(202) 606-8204** by this deadline.

1. Application Number: FN-_____

2. Name: _____

3. Social Security Number: ____ - ____ - ____

4. Mailing Address: _____

Home Phone: () _____

Office Phone: () _____

E-mail: _____

5. Award Term Period. *Please complete either a. or b. below:*

a. Continuous Term (Note: Tenure automatically begins on the first day of your initial month and ends on the last day of your final month.)

From _____ through _____
month/year month/year

b. Divided Term (*indicate month/year in each space*):

From _____ through _____ Active full-time

From _____ through _____ Inactive

From _____ through _____ Active full-time

6. How would you like the stipend paid? Choose only one option.

Direct deposit payments into **your bank account** through Automated Clearing House (ACH).

Direct deposit payments into the **account of your employing institution** through Automated Clearing House (ACH).

7. Do you need your first payment *early*? No Yes

8. Do you need a *larger* first payment? No Yes

Additional amount requested: _____

Reason for a larger first payment: _____

IMPORTANT: The acceptance form does NOT request banking information for direct deposit of your award payments. Once your completed and signed acceptance form is received by NEH, the award letter will be sent to you that includes instructions on submitting your banking information to NEH.

9. Acceptance and Certification

I accept the offer of an award and agree to comply with the conditions governing it as set forth in the *General Information on 2012-2013 NEH-NSF Documenting Endangered Languages Fellowships*. I certify that the information submitted in this form is true and correct to the best of my knowledge and that any changes or additions will be promptly reported to NEH.

Signature

Date

Privacy Act Statement: Social Security Numbers are required by law for the processing of payments of Federal funds. Failure to provide this information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

Paperwork Burden: NEH estimates the average time to complete this form is one hour per response. This estimate includes the time for reviewing the instructions for this form, gathering the necessary data, and entering the data on the form. Please send any comments regarding this estimated completion time or any other aspect of the form, including suggestions for reducing completion time, to the Director, Office of Publications and Public Affairs, National Endowment for the Humanities, Washington, D.C. 20506; and to the Office of Management and Budget, Paperwork Reduction Project (3136-0134), Washington, D.C. 20503. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.