

FOUNDATION FOR ADVANCED EDUCATION IN THE SCIENCES
FAES FELLOWSHIP PROGRAM

MENTOR-BASED FELLOWSHIPS

Donor: _____

Mentor _____

NIH Address _____

NIH Phone No. _____

Date of Initiation _____ Date of Termination _____

Budget:

Stipend/s (fellow/s to be selected by FAES) \$ _____

Health Insurance _____

Equipment _____

Supplies _____

Travel _____

Other Expenses _____

(Itemize on separate page)

SUBTOTAL _____

*Management Fee (7% of Subtotal) _____

Total approved and to be sent by Donor \$ _____

Restrictions with regard to licensing, patents, copyrights:
(If yes, include copy of signed agreement)

yes

no

**DONOR _____
Signature Title Date

FAES Approval as agent of the Donor:

_____ Date _____

FAES Executive Director:

_____ Date _____

Lois W. Kochanski

FAES Selection Committee Nominee _____

Date _____

Mentor Approval of Nominee _____
Signature Date

* A Waiver will be considered if the management fee is prohibited by
the written policy of a non-profit organization.

** Not necessary if a contract has been signed between donor and FAES