



NEH-NSF Documenting Endangered Languages Fellowships, 2010-2011 Acceptance Form

The deadline for accepting your 2010-2010 award is Friday, May14, 2010.

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

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.

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

Direct deposit payments into **your bank account** through Automated Clearing House (ACH). Please fill out items a.-e. below *or* attach a check with "void" written across its face (preferred). Do *not* attach a deposit slip.

- a. Routing Transit Number: _____
- b. Account number: _____
- c. Type of account (e.g., checking or savings): _____
- d. Name of bank: _____
- e. Bank phone number: () _____

Direct deposit payments into the **account of your employing institution** through Automated Clearing House (ACH). Fill out items a.-f. below.

- a. Name, address, and telephone number of employing institution's ACH coordinator:

- b. Routing Transit Number: _____
- c. Account number: _____
- d. Type of account (e.g., checking or savings only): _____
- e. Name of bank: _____
- f. Bank phone number: () _____

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: _____

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 2010-2011 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