

# Signature Page

2010-11

Faculty  
Fellowship

Name of Applicant \_\_\_\_\_

Title of Project \_\_\_\_\_

Institution \_\_\_\_\_

Period of leave \_\_\_\_\_

(At least one full semester or equivalent. Research project must be completed by September 1, 2011.)

The school (or accredited department) recognizes the applicant named above as a full-time member of its faculty and agrees that if selected by The Association of Theological Schools to receive a Lilly **Faculty Fellowship**, he or she will be released from regular duties for the period described above to devote full-time research to the proposed project. By signing this form, the chief academic officer is stating that the grant of \$30,000 will be used by the institution in support of the applicant's salary and benefits during this period. It is strongly encouraged that the grant recipient's institution support the applicant by continuing full salary and benefits.

Signature of academic dean/chief administrative officer \_\_\_\_\_

Type or print name of authorized signatory \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Send this page to: *Stephen R. Graham*  
*The Association of Theological Schools*  
*10 Summit Park Drive*  
*Pittsburgh, PA 15275-1110*  
*Phone: 412-788-6505, ext. 251*

**The deadline for receipt in the ATS office  
is January 5, 2010.**