

**National Science Foundation  
Arlington, VA 22230**

**ACCEPTANCE/DECLINATION FORM FOR  
NSF-NATO POSTDOCTORAL FELLOWSHIP**

NSF use only - do not write in this block

Date \_\_\_\_\_

- I accept the fellowship award offered me.
- I decline the fellowship award offered me. (Please affix your signature and the date in the space below and give reason(s) for declining the award).

My permanent address is: \_\_\_\_\_

My present address is: \_\_\_\_\_

I am requesting a total tenure of \_\_\_\_\_ months, which figure does not exceed that granted by NSF.

**PROPOSED SCHEDULE**

FELLOWSHIP INSTITUTION(S) NAME AND LOCATION	DEPARTMENT	STARTING DATE (approximate)

**PLANNED TRAVEL**

(Please list travel in sequence to correspond with institution attendance shown above,  
and indicate whether one-way or round-trip travel is planned.)

POINTS OF TRAVEL TO FELLOWSHIP INSTITUTION(S)	APPROXIMATE DATES OF TRAVEL	ACCOMPANYING DEPENDENTS	
		SPOUSE (YES-NO)	CHILDREN (Number)

- I do not wish to request any dependency allowance(s).
- I wish to request \_\_\_\_\_ dependency allowance(s).

**You must complete the reserve side of this form if you wish to request any dependency allowance(s) as this determines the stipend and travel funds that will be provided to you.**

I understand and agree that the fellowship is made subject to the provisions set forth in the booklet entitled *Information for NSF-NATO Postdoctoral Fellows* (and of any amendments thereto) which was mailed to me with the award letter and which I have read.

NAME (typed or printed) \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

Telephone number where you can be reached prior to beginning fellowship tenure (\_\_\_\_\_) \_\_\_\_\_

Submission of social security number is voluntary. It is an integral part of the NSF information system and assists in processing the award. SSN solicited under NSF Act of 1950, as amended.

Reason(s) for Declining Award:

Please return one copy of this form to the NATO Fellowship Program, Directorate for Education and Human Resources, National Science Foundation, Arlington, VA 22230. Retain one copy for your records.

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**IMPORTANT:**      **A person accepting an award and requesting any dependency allowance(s) must complete both sides of this form.**

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**CRITERIA FOR DETERMINING DEPENDENCY ALLOWANCE ENTITLEMENT**

1. You may request allowances only for your spouse and not more than two children (born to or legally adopted by you and your spouse).
2. You may not claim as a dependent a person who receives any stipend or subsistence allowance from any program of Federal educational assistance (except loans) or who is claimed as a dependent by another person under any program of Federal educational assistance.
3. Any decrease in the number of dependents during the tenure of your award (for example, by reason of an increase in the spouse's rate of income) must be reported immediately to the Foundation for an appropriate adjustment of your dependency allowance.

On the basis of the criteria stated above, I wish to claim dependency allowance(s) for the person(s) listed below:

NAME	RELATIONSHIP	AGE (if child)	DATE DEPENDENCY ACQUIRED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)