



The Mellon-Hawai'i Doctoral and Postdoctoral Fellowship Program
Academic Year 2014-2015

Mentor's Agreement to Attend Sessions

By supporting the application and consenting to serve as the mentor of _____,
(Applicant's name)

I understand that should the applicant named herein be awarded a Mellon-Hawai'i Doctoral or Postdoctoral Fellowship for Academic Year 2014-2015:

_____ (1) I am required to attend, and therefore will attend, the Opening Retreat on Hawai'i Island on
Initial July 17-21, 2014.

_____ (2) I am required to attend, and therefore will attend, the Presentation/Reception on Hawai'i Island on
Initial November 6-9, 2014.

I have reserved the above dates for the purposes of the Mellon-Hawai'i Fellowship.

Print Name

Signature

Contact information:

Street Address

City /State

Zip Code

Mailing Address

City /State

Zip Code

Preferred Phone Number

E-mail Address