



NATIONAL ENDOWMENT FOR THE
Humanities

DIVISION OF EDUCATION PROGRAMS

ACCEPTANCE FORM

I accept the offer of a Landmarks Workshop stipend and the conditions relating to it as set forth in the "NEH Landmarks of American History and Culture Workshops Participant Terms and Conditions 2015."

Date

Signature

Name:

Address:

Social Security Number*:

(*Section 6109(a) (2) of Title 26 of the U.S. Code requires recipients of disbursements to furnish taxpayer identifying numbers.)

THIS FORM SHOULD BE SUBMITTED DIRECTLY TO THE LANDMARKS WORKSHOP DIRECTOR, ALONG WITH A SIGNED "CERTIFICATION FOR PARTICIPANTS" FORM.