**STIPEND DISBURSEMENT FORM**

**CLIR MELLON DISSERTATION FELLOWSHIP**

**Contact information**

Name:

E-mail address:

**Schedule for stipend payments**

Please check each month for which you are requesting a fellowship disbursement.

The schedule below should accord with the schedule submitted with your original proposal for fellowship funds. If your schedule differs from that originally proposed, provide an explanation for the variation with this form and an updated timeline.\*

 June (Year 1)

 July (Year 1)

 August (Year 1)

 September (Year 1)

 October

 November

 December

 January

 February

 March

 April

 May

 June (Year 2)

 July (Year 2)

 August (Year 2)

By signing below, I acknowledge that I have read and agree to abide by the fellowship regulations posted on CLIR's website under "Fellowship Tenure and Conditions" *(*[*http://www.clir.org/fellowships/mellon/applicants.html#tenure*](http://www.clir.org/fellowships/mellon/applicants.html#tenure)*)*.

**Signature Date**

*\*Schedules which remain the same except for a revised start date do not require an updated timeline, only an explanation for the shift.*