



The Mellon-Hawai'i Doctoral and Postdoctoral Fellowship Program
Academic Year 2010–2011

Mentor's Agreement to Attend Sessions

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

_____, I understand that should the applicant named herein be awarded a Mellon-Hawai'i
(Applicant's name)

Doctoral or Postdoctoral Fellowship for Academic Year 2010-2011:

_____ (1) I am required to attend, and therefore will attend, the Opening Retreat on Hawai'i Island on
initial July 29–August 1, 2010.

_____ (2) I am required to attend, and therefore will attend, the Presentation/Reception on Hawai'i Island on
initial November 11–14, 2010.

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

Work Phone

Cell Phone

Home Phone

Fax Number

Social Security Number

E-mail Address