



# Brandeis UNIVERSITY

## Sponsor Agreement Form

### The Israeli Apprentice Fellowship Travel Grant

*Experience Expertise in Your Field of Academic or Professional Interest through Hebrew Language and Culture*

I, \_\_\_\_\_, do agree to allow \_\_\_\_\_ to shadow  
*name of sponsor* *name of student fellow*

me for approximately 40 hours (6-8 hours per week) over a six-week period from dates:

\_\_\_\_\_

*I understand that agreeing to do so, I will be eligible to receive a \$1000 stipend.*

Name of Sponsor: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Name of Fellow: \_\_\_\_\_

Signature of Fellow: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note: We cannot request payment without one of the two complete and signed forms, which will be provided to you at the end of the fellowship:**

**W-8BEN OR W9**