**Commission for Cultural, Educational, and Scientific Exchange between the United States of America and Spain**

# FULBRIGHT GRADUATE STUDIES PROGRAM

## ACADEMIC YEAR 20XX - 20XX

FULBRIGHT España

## GRANT AUTHORIZATION

Date of Issue (day/mo./yr.) 14/05/2020

| | | |
|---|---|---|
| **Grantee** (name/last name) | | **Program and Year:** FULB-2020 |
| **Permanent Address:**<br>Street:<br>Zip Code/City:<br>Province/Country: | | **Grant Category:** Graduate Student |
| **Project:**<br>Field/Specialization:<br>Objective:<br>Project Title: | | **Managing Office**<br>Office of English and Special Services<br>Institute of International Education (IIE)<br>809 United Nations Plaza<br>New York , NY 10017-3580 |
| **Host Institution**<br>Department<br>Division/School<br>Name of Institution<br>City, State, Zip Code | | |



**Authorized Grant Period (day/mo./yr.):** Ending date:

**Financial Provisions:**

| | | | |
|---|---|---|---|
| Monthly Maintenance | Amount will be adjusted while in Spain ($ | x 12 months) | $ |
| Estimated Tuition and/or Fees | | | $ |
| Roundtrip Travel and/or Allowance | To be paid when travel to the US is resumed | | $ |
| | | Estimated Total: | $ |

| | | | |
|---|---|---|---|
| Personal Funds: | Grantees Tuition/Maintenance: | | $ |
| | Dependents: | | $ |
| | Spouse: NO Children: | **Total Personal Funds**: | $ |

**U.S. Government Provisions:**
Health Benefit Plan: Accident and Sickness Program (maximum $100,000)

Observations: You will be required to complete your Fulbright grant in the academic program and at the host institution specified in your grant document. Grant dates and funding amounts stated in the grant document are subject to change, contingent upon the institution's operating status, availability of the academic program, changes in the institution's academic program start date, travel availability, and evolving travel or health advisories. The Monthly Maintenance stated above will be disbursed during your stay in the U.S. and will be adjusted while you pursue your program online from Spain.

Grantee signature **and date**: Authorizing Officer and Institutional Seal:

Signature: _____

Alberto López San Miguel, Executive Director