



August 6, 2020

John Doe
PO Box 00000
City, State ZIP
UAF ID:
jdoe@alaska.edu

Dear Mr. Doe,

Congratulations! I am pleased to inform you that you have been awarded the [Fellowship Name] Fellowship.

This fellowship provides a monthly stipend in the amount of \$0000.00 and will start [Month Day, Year] and will continue through [Month Day, Year]. [Provide anything extra or requirements in this section, ex: It also provides tuition for nine graduate credits for the fall 2020 semester and payment of graduate student health insurance. You are required to maintain at least full time student status during the fellowship (9 credits per semester).]

x A p A e i fo at l a t nine credits during Fall 2020]

x: The fellowship does not include payment of required fees, surcharge or self elected fees. These fees are published fee payment deadlines for each semester].

ough federal income tax will E K be withheld from your income to you and needs to be reported as income on your p v Q } CE %GE Q Á] š Z Z Z š] v RE š AE . Wp š Z / Z ^ determine your tax liability and how to make estimated tax not be issued to you.

e accepting or declining this award and its conditions by

e required criteria

Date