

DaVinci Institute Two-Year Scholarship Award Supervisory Agreement

I, _____(supervisor's name)_____ hereby agree to supervise Scholar

_____ (scholar's name)_____ 's Service Learning Project for the DaVinci Award.

I will review Scholar _____(scholar's name)_____ 's timeline, progress, and expenditures, and I will certify they are progressing successfully and responsibly before they are given the last half of the award money.

Project Supervisor Signature: _____

Project Supervisor Role at Institution: _____

Date: _____

Supervisor Contact Information

Email: _____

Daytime Phone: _____

Institutional Address: _____

