2027 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: _____

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