

# GRANT RECIPIENT FORM

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

Recipient Name: \_\_\_\_\_

Harvard University ID # \_\_\_\_\_

Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_

Please check one: Travel Grant will be used \_\_\_\_\_ inside U.S. \_\_\_\_\_ outside U.S.

U.S. Citizen? Yes \_\_\_\_\_ or No \_\_\_\_\_ Social Security # \_\_\_\_\_

(If no, please fill out the Foreign National Information Form attached)

Permanent Legal Address: **(Must be provided)** \_\_\_\_\_

Local Check Mailing Address: \_\_\_\_\_

**PLEASE PROVIDE YOUR CONTACT INFORMATION – WE WILL NOTIFY YOU WHEN THE CHECK IS READY FOR PICK UP**

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE ALLOW AT LEAST 10 BUSINESS DAYS FOR PAYMENT**

**There will be a longer delay if forms are not filled out completely**

**Any questions can be directed to Kathryn Maldonis, Harvard University Asia Center,  
1730 Cambridge Street, Room S117, Cambridge MA 02138 or by telephone at 617-496-9941 or  
Email to: [maldonis@fas.harvard.edu](mailto:maldonis@fas.harvard.edu)**

**(This section to be filled out by the finance office)**

\$ _____	_____ - _____ - _____ - _____ - _____ - _____
\$ _____	_____ - _____ - _____ - _____ - _____ - _____