



THE MAUREEN AND MIKE MANSFIELD FOUNDATION

**Mike Mansfield Fellowship Program
Agency Authorization Form**

Name of Authorizing Agency Official _____

Title/Position _____

Office/Division/Section/Agency _____

Mailing
Address _____

Phone number _____

Email address _____

Detaillee (Agency Funded)

Applicant's Name _____ Title _____

will participate in the competition for a Mike Mansfield Fellowship. If selected, he/she will be authorized to participate in the Fellowship program for one year. Salary and benefits for the one-year period will be provided by the Agency, and reemployment rights and other benefits outlined in the authorizing legislation will apply.

Note: Fellows will be selected in mid-November 2021. They must be released from duties to begin the program on July 1, 2023.

Signature of Authorizing Official* _____ Date _____

Please type or print name _____

(*Person who has the authority to commit the agency to the program)