OMB# 3135-0112, Exp: TBD



General Information and Instructions for NATIONAL ENDOWMENT FOR THE ARTS National Heritage Fellowships

Legal Name: _				
	(last)	(first)	(middle initial)	(Ms./Mr./Dr.)
How would you like your name(s) to appear on the award certificate?				
Permanent Address (number and street):				
(city, state and zip): _				
U.S. Citizenship: Yes	☐ No If Per	rmanent Resident, Visa#		
Birth Date:		Place of Birth:		
continuing contributions t 2. Acceptance: Indicate yo	: In recognition and o the folk and trad ur acceptance of t	d support of your significar	it impact on and you	ır
I accept the National Endowment below, I certify that the informatio comply with the Federal requirem	on contained herein is	s true and correct to the best o		
The Drug-Free Workplace Act of legislation. This law requires app manufacture, distribution, dispens (For the purposes of this Act, alcothe certification required of individual control of the certification required o	licants for Federal graing, possession, or us bhol is not considered	rants to certify that they will no se of a controlled substance in	ot engage in the unlaw conducting any grant	ful activity.
A government-wide regulation for January 31, 1989. It became effectable to award any new grants to or certification.	ctive on March 18, 19	989. Therefore, as of that date	e, the Arts Endowment	is not
Are you delinquent on the repaym	uent of any Federal de	ebt? No Yes If yo	es, please attach expla	nation
\boldsymbol{x}				
Signature			Date	

Privacy Act

The following notice is furnished in accordance with the Privacy Act of 1974, 5 U.S.C. 552a:

This information is solicited under the authority of the National Foundation on the Arts and the Humanities Act, 20 U.S.C. 951 et seq. and is used for the purpose of grant awards. Personal data including home address and home telephone number will not be released and is exempt from disclosure under FOIA exemption (b)(6). Failure to provide the requested information could result in rejection of your application.

Paperwork Reduction Act Statement

The public reporting burden for this collection of information is estimated at an average of one hour per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We welcome any suggestions that you might have on improving the guidelines and making them as easy to use as possible. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: webmgr@arts.gov, attention: Reporting Burden. Note: Applicants are not required to respond to the collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number.