



**LUCE INDIGENOUS KNOWLEDGE FELLOWSHIP  
NOMINEE CONSENT FORM**

Only use this consent form if you are submitting an application on behalf of another individual. This form must be completed by the nominee (i.e., the knowledge holder or knowledge maker). This form indicates that the nominee has granted permission to the nominator to submit this form on their behalf, and that they agree to the terms of the fellowship.

I, \_\_\_\_\_ (Nominee's Name)

grant permission to \_\_\_\_\_ (Nominator's Name)  
to submit this application for the Luce Indigenous Knowledge Fellowship on my behalf.

I acknowledge that I have worked closely with the nominator to complete this application. I have read and reviewed the Fellowship Application and I agree to the Fellowship Terms.

**Nominee's Contact Information**

Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name (Signature): \_\_\_\_\_