



The Hungary Initiatives
Foundation
1100 H Street NW,
Suite 915
Washington, DC 20005

FELLOWSHIP AWARD LETTER AND AGREEMENT

March 31, 2015

Dear Ms. Trojnar,

The Hungary Initiatives Foundation, Inc. (the "Foundation") is pleased to inform you that you have been selected to receive a scholarship through the "HIF Professional Fellowship in the US" Program to assist you with your research and studies at the Uniformed Services University of the Health Sciences. As part of the Program, you agree to remain a full-time registered fellow in good standing at the Uniformed Services University of the Health Sciences.

The Foundation will provide you support in the amount of \$13,633 to assist you in paying for expenses related to your enrollment and research at Uniformed Services University of the Health Sciences during the Award Period (the "Award"). The Award can be used to pay tuition and fees required for enrollment at Uniformed Services University of the Health Sciences, to pay for books, supplies and equipment required for instruction or study or associated travel and living expenses.

By accepting the Award, you agree that the Award funds will be used for the foregoing purposes. In no event may the Award be used for any of the following purposes: to carry on propaganda, or attempt to influence legislation or the outcome of any public election; to carry on, whether directly or indirectly, any voter registration drive; to undertake any "political activities" as defined under the Foreign Agents Registration Act ("FARA"), 22 U.S.C. § 611(o); to support any organization that is registered under FARA; to make grants to individuals or to other organizations; or to undertake any activities for a purpose other than that set forth above.

Some portion of the Award funds may be considered taxable income that is reportable to the United States Internal Revenue Service or other applicable governmental authority (each a "Tax Authority"). The Foundation is not responsible for any federal, state or local taxes that may be incurred by you in connection with the Award, but may have a responsibility to report payment of the Award to you to applicable Tax Authorities. The Foundation reserves the right to



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withhold from the Award any taxes that it may be required to withhold for remittance to any applicable Tax Authority.

By accepting the Award, you agree that you will provide a report of the courses, instructions you take and research you conduct during the Award Period. If you are not taking courses because you are preparing a doctoral thesis or other materials, then you must provide a brief report on your progress during the Award Period. You must provide your report to the Foundation within 30 days of the end of the Award Period. [Additionally, if you are preparing a doctoral thesis, you must also provide a final summary report once your thesis is complete.]

You agree to conform to all applicable rules, regulations and policies of Uniformed Services University of the Health Sciences during the Award Period. Violation of such rules, regulations and policies may result in you being required you to leave Uniformed Services University of the Health Sciences and return to Hungary at your own expense. You understand that the Foundation has the right to cancel your participation in the Program and reclaim the entire amount of the Award at any time because of your violation of such rules, regulations and policies, or conduct that could bring the Foundation into disrepute or legal jeopardy. You agree that the Foundation is not liable for any claims incurred by reason of your failure or refusal to conform to the requirements or policies set forth or referred to herein.

You understand that you must comply with the laws and appropriate cultural conduct of the country you are visiting. If you experience legal problems with any foreign nationals or governments, you will attend to the matter personally with your own personal funds.

The Foundation is not responsible for the defense of any participant in the Program accused of a violation of the laws of the host country and is not responsible for the payment of any fines or other penalties resulting from such violations.

You agree that the Foundation may use your name in its fundraising and other materials, including, but not limited to identifying you as an HIF Professional Fellowship in the US Program Award recipient.

If this letter correctly sets forth your understanding of the arrangements made regarding this your participation in the Foundation's Scholarship Program, please countersign and return the attached copy of this letter to The Hungary Initiatives Foundation, Inc., ATTN: CEO/President, Tamás Fellegi.

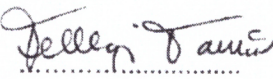


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On behalf of the Foundation, I extend every good wish for your future success.

Sincerely,

THE HUNGARY INITIATIVES FOUNDATION, INC.

By: 

Name: Tamás Fellegi

Title: President/CEO

I have read this letter, understand it and agree to abide by its terms.

By: 

Name: Eszter Trojnár