

**Burroughs Wellcome Fund
Collaborative Research Travel Grant
SIGNATURE PAGE**

TITLE OF PROJECT: *(Titles exceeding 81 characters, including spaces and punctuation will be truncated.):*

APPLICANT NAME (LAST, FIRST):

HIGHEST DEGREE(S):

POSITION TITLE:

APPLICANT'S CURRENT INSTITUTION:

ACADEMIC RANK:

DIVISION:

DEPARTMENT:

EMAIL ADDRESS:

MAILING ADDRESS:

TEL:

FAX:

MOBILE:

LAB:

APPLICANT ASSURANCE:

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF APPLICANT:

(In ink. "Per" signature not acceptable)

DATE:

SIGNING OFFICIAL ASSURANCE:

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNING OFFICIAL NAME:

TITLE:

INSTITUTION:

ADDRESS:

TEL:

FAX:

SIGNATURE OF SIGNING OFFICIAL:

(In ink. "Per" signature not acceptable)

DATE: