

**Burroughs Wellcome Fund  
Career Guidance for Trainees  
SIGNATURE PAGE**

LAST NAME, FIRST NAME - TITLE OF PROJECT: *(Text only; no special characters or formatting).*

APPLICANT NAME (LAST, FIRST):

HIGHEST DEGREE:

POSITION TITLE:

APPLICANT'S CURRENT INSTITUTION:

ACADEMIC RANK:

DIVISION:

MAILING ADDRESS:

DEPARTMENT:

EMAIL ADDRESS:

TEL:

FAX:

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:

DATE:

SIGNING OFFICIAL NAME:

INSTITUTION:

MAILING ADDRESS:

EMAIL:

TEL:

FAX:

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.

SIGNATURE OF SIGNING OFFICIAL:

TITLE:

DATE:

EXECUTIVE DIRECTOR(S) NAME:

NON-PROFIT/PARTNERSHIP ORGANIZATION:

MAILING ADDRESS:

EMAIL:

TEL:

FAX:

EXECUTIVE DIRECTOR 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.

SIGNATURE OF EXECUTIVE DIRECTOR:

TITLE:

DATE: