

BURROUGHS WELLCOME FUND
Collaborative Research Travel Grant
Institutional Certification Form

Please certify the information below with regard to a candidate from your institution who will submit an application for the Burroughs Wellcome Fund Collaborative Research Travel Grant (CRTG) program. This form must be completed and signed by the appropriate institutional official and included with the candidate's application, for receipt by the application deadline.

Applicant Name:	
Institution:	
Title of Research Project:	

Institutional Requirements (**both** requirements should be completed):

- The above named degree-granting institution in the U.S. or Canada holds documentation of its current nonprofit status, such as an IRS letter documenting its tax exempt (501(c) (3) or equivalent) status.

Note: Documentation does not need to be submitted with the application.

Institution's Tax ID: _____

Candidate Requirements (**both** requirements should be completed):

- This institution certifies that the above named applicant meets all eligibility requirements for the Collaborative Research Travel Grant. ([See eligibility requirements here](#)).
- This certifies that the above named applicant is either (1) a U.S. or Canadian citizen, (2) a permanent resident of the U.S. or Canada, or (3) a temporary resident of the U.S or Canada. If the applicant is not a U.S. or Canadian citizen, this institution further certifies that the applicant holds valid documentation of his/her current permanent residency status in the U.S. or Canada, or holds a current, valid U.S. visa, and that the applicant's visa will allow him/her to remain in the U.S. during the postdoctoral or fellowship period of the grant.

Note: If a grant is awarded to a temporary resident of the U.S. on the basis of this information and the individual's visa does not allow for such a stay, BWF may terminate the grant. BWF will not intercede on behalf of non-citizens whose stay in the U.S. may be limited by their visa status.

 Printed Name of Signing Official*

 Signature of Signing Official*

 Title

 Institution

Email address

Office Phone number