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| **BURROUGHS WELLCOME FUND**  **Quantitative and Statistical Thinking in the Life Sciences Award**  **Signature Page** | | |
| 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: | |
|  | | |
| ACCREDITED DEGREE-GRANTING INSTITUTION: | | |
| MAILING ADDRESS: | | |
| 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. | SIGNING OFFICIAL NAME:  TITLE: | |
| INSTITUTION: | |
| ADDRESS: | |
| TEL: | FAX: |
| **SIGNATURE OF SIGNING OFFICIAL:**  DATE: | |