| BURROUGHS WELLCOME FUND<br>Quantitative and Statistical Thinking in the Life Sciences Award<br>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:<br>I certify that the statements herein are true, complete, and accurate to the best of my<br>knowledge. I am aware that any false, fictitious, or fraudulent statements or claims<br>may subject me to criminal, civil, or administrative penalties. I agree to accept<br>responsibility for the scientific conduct of the project and to provide the required<br>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 NAME:           |      |
| SIGNING OFFICIAL ASSURANCE:<br>I certify that the statements herein are true, complete, and accurate to the best of my<br>knowledge, and accept the obligation to comply with the grantor's terms and conditions if<br>a grant is awarded as a result of this application. I am aware that any false, fictitious,<br>or fraudulent statements or claims may subject me to criminal, civil, or administrative<br>penalties.                                      |                                  |      |
|   | TITLE:                           |      |
|   | INSTITUTION:                     |      |
|   | ADDRESS:                         |      |
|   |                                  |      |
|   | TEL:                             | FAX: |
|   |                                  |      |
|   | DATE:                            |      |
|   |                                  |      |