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| Burroughs Wellcome Fund  Postdoctoral Enrichment Program for Underrepresented Minorities  **SIGNATURE PAGE** | |
| Title of Project: *(Titles exceeding 110 characters, INCLUDING spaces and punctuation, will be truncated.)* | |
| 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: |
| Dates of Proposed Project (MM/DD/YYYY)  From: 09/01/2021 Through: 08/31/2024 | Proposed Budget:  $60,000 |
| Nominating  Institution: | Nominating Mentor Name: |
|  | Address: |
| Tel: Fax: |
|  | Email: |
| NOMINATING MENTOR 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 MENTOR:**  Title: 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: |
|  |
| Institution: |
| Title: |
| Address:  Tel: Fax:  Email: |
|  |
| **SIGNATURE OF SIGNING OFFICIAL:**  Date: |

*Clear*