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