

**Burroughs Wellcome Fund**  
**Graduate Diversity Enrichment Program**  
**SIGNATURE PAGE**

Title of Project: *(Titles exceeding 110 characters, INCLUDING spaces and punctuation, will be truncated.)*

Applicant Name (Last, First):  
 Position Title:  
 Academic Rank:  
 Division:  
 Department:  
 Email Address:  
 Tel:                                Fax:

Highest Degree:  
 Applicant's Current  
 Institution:  
 Mailing Address:

**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: 11/01/2021      Through: 08/30/2023

Proposed Budget:  
 \$5,000

Nominating Institution:

Nominating Advisor Name:

Mailing Address:  
  
  
 Tel:                                Fax:

Address:  
  
  
 Tel:                                Fax:

**NOMINATING ADVISOR 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 ADVISOR:**  
  
  
 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: \_\_\_\_\_