

**BURROUGHS WELLCOME FUND**  
**Investigators in the Pathogenesis of Infectious Disease**  
**Signature Page**

TITLE OF PROJECT: *(Text only; no special characters or formatting.)*

APPLICANT NAME (LAST, FIRST):

HIGHEST DEGREE:

TITLE IF DIFFERENT FROM ASSISTANT PROFESSOR:

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: