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| Burroughs Wellcome FundInvestigators in the Pathogenesis of Infectious Disease**SIGNATURE PAGE** |
| Title of Project: *(Text only; no special characters or formatting. Be sure to INCLUDE YOUR NAME with the project title, using this format: Last Name, First Name – Project Title)* |
| 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: |
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| 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: |