## BURROUGHS WELLCOME FUND CLIMATE AND HEALTH INTERDISCIPLINARY AWARD

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 INSTITU	TION:
	-	
ACADEMIC RANK:		
DIVISION:	MAILING ADDRESS:	
DEPARTMENT:		
EMAIL ADDRESS:	-	
TEL: FAX:		
APPLICANT ASSURANCE:	SIGNATURE OF APPLICANT:	
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.		
reports in a grant is awarded as a result of this application.		DATE:
		DATE.
ACCREDITED DEGREE-GRANTING INSTITUTION:		
MAILING ADDRESS:		
TEL:	FAX:	
	Γ	
SIGNING OFFICIAL ASSURANCE:		
I certify that the statements herein are true, complete, and accurate	TITLE:	
to the best of my knowledge, and accept the obligation to comply with	INSTITUTION:	
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.		
	TEL.	FAX.
	TEL:	FAX:
	SIGNATURE OF SIGNING OFFICIAL:	
		DATE: