BURROUGHS WELLCOME FUND CAREER AWARDS FOR STEM TEACHERS SIGNATURE PAGE

SIGNATURE PAGE	
APPLICANT NAME (LAST, FIRST):	SCHOOL DISTRICT:
POSITION TITLE: EMAIL ADDRESS:	APPLICANT'S CURRENT SCHOOL:
TELEPHONE NUMBER: FAX NUMBER:	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: (In ink. "Per" signature not acceptable.) DATE:
DATES OF PROPOSED PROJECT (MM/DD/YYYY)	PROPOSED BUDGET:
FROM THROUGH 07/01/20223 06/30/2028	\$175,000
PRINCIPAL'S NAME:	SUPERINTENDENT'S NAME:
TITLE:	TITLE:
MAILING ADDRESS:	MAILING ADDRESS:
EMAIL ADDRESS:	EMAIL ADDRESS:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
SIGNATURE OF PRINCIPAL: (In ink. "Per" signature not acceptable.)	SIGNATURE OF SUPERINTENDENT: (In ink. "Per" signature not acceptable.)
TITLE: DATE:	TITLE: DATE:
PRINCIPAL 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.	SUPERINTENDENT 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.