



The Jane Coffin Childs Memorial Fund for Medical Research

Deadline February 1, 2012

Page 1 of 1 - ONLY THIS CERTIFICATION PAGE SHOULD BE FILLED IN BY HAND

CERTIFICATION PAGE

Applicant

Name _____ **Signature** _____

Chairman of Department

Fiscal Officer of Institution

Name _____

Name _____

Title _____

Title _____

Department _____

Department _____

Institution Address _____

Institution Address _____

Signature _____

Signature _____

Date _____

Date _____

These signatures are to be obtained from the Sponsoring Institute.

You may send a scanned copy of the Certification Form to jccfund@yale.edu. In the subject field of the email, state "Certification Form *Last name First name of applicant*"

Web: www.jccfund.org | Phone: 203-785-4612 | Fax: 203-785-3301 | Email: jccfund@yale.edu