 The Jane Coffin Childs Memorial Fund for Medical Research

**SIGNATURE PAGE**

2017 Application

***Applicant***

***Name Signature***

***Department Chair Grant and Contract or Financial officer***

***of Sponsoring Institution of Sponsoring Institution***

***Name Name***

***Email***

***Title Title***

***Institute*** ***Institute***

***Department Department***

***Institution Institution***

***Address Address***

***Signature Signature***

***Date Date***

***DO NOT MAIL A COPY OF THE APPLICATION WITH THIS DOCUMENT***

**This document prints with the on-line application but must be submitted separately.**

**An authorized agent for the Sponsoring Institution must sign this document.**

**The signatures on this form verify that the proper office(s) have seen the application**

**If awarded a formal letter with terms of the award will be sent to the Institute**

**Please e-mail this page containing original signatures to:** [jccfund@yale.edu](mailto:jccfund@yale.edu)

**In the subject line of the email please put the following:**

Applicant Last Name, Applicant First Name SIGNATURE Page

Web: [www.jccfund.org](http://www.jccfund.org/) | Phone: 203-785-4612 | Fax: 203-785-3301 |