 The Jane Coffin Childs Memorial Fund for Medical Research

**SIGNATURE PAGE**

2016 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***

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**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**

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Applicant Last Name, Applicant First Name SIGNATURE Page

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