



The Jane Coffin Childs Memorial Fund for Medical Research

SIGNATURE PAGE

2019 Application

Applicant

Name _____ *Signature* _____

*Department Chair
of Sponsoring Institution*

*Grant and Contract or Financial officer
of Sponsoring Institution*

Name

Name

Email

Title

Title

Institute

Institute

Department

Department

*Institution
Address*

*Institution
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

Electronic Signature acceptable

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

Applicant Last Name, Applicant First Name SIGNATURE Page