



**Judith Graham Pool (JGP) Fellowship
Initial Application Signature Page**

By signing this form, I attest that all I have reviewed the JGP application guidelines and that the information provided conforms to them and it is complete and truthful.

Title of the proposed project:

1. Name of the **Applicant** (Last, First, Middle, Degree)

Signature of Applicant

Date:

2. Name of **Sponsor or Mentor** (Last, First, Middle, Degree) -if applicable

Signature of Sponsor or Mentor

Date:

3. Name of **HTC's Medical Director or Department's Chair** (Last, First, Middle, Degree) -if applicable

Signature of HTC's Medical Director or Department's Chair

Date:

4. Name of **Financial or Institutional Officer** (Last, First, Middle, Degree if applicable)

Signature of Financial Officer

Date:
