

The J. P. Bickell Foundation

SIGNATORY PAGE - MEDICAL RESEARCH GRANT

(To be printed and completed as a requirement for the online application)

Date _____

Authorization/Signatures

a) Applicant
Full Name Signature

Co-Applicant
Full Name Signature

Co-Applicant
Full Name Signature

b) University: Department of _____

Chairman
Full Name Signature

University: Faculty of _____

Dean or Vice-Dean
Full Name Signature

c) Hospital or University/Hospital Research Institute: _____

Director or Head
Full Name Signature

d) Office of Research Administration:

Director or Head
Full Name Signature

Phone #..... E-mail address:.....

e) Institution's **Registered Charitable Business Number** _____