To: SCID, Angels for Life Foundation

I verify that the SCID, Angels for Life Foundation Research Grant application dated Click or tap to enter a date. and titled Click or tap here to enter text. is complete and accurate to my knowledge.

I confirm that I am the Primary Investigator and responsible party for this project. I further confirm that I have obtained the approval of my institution to conduct all work necessary for the completion of this this project.

Date: Click or tap to enter a date.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Research Institution: Click or tap here to enter text.

Institution Mailing Address: Click or tap here to enter text.

Name: Click or tap here to enter text.

Signature:

\*After completing the fillable sections, print and sign the form. Scan and return the completed and signed document with your application.