POST PROGRAM GRANT COVER PAGE

POST Program Project Title:

POST Program Mentor Name:

POST Program Institution Name:

POST Program Student Name:

POST Program Student Status: (select one)

Undergraduate Graduate School Medical School

Certification and Acceptance: We, the undersigned, certify that the statements contained in the attached grant application are true and complete to the best of our knowledge. We understand and agree to conform to the rules governing the grant as set forth in the Guidelines document including the stipulation that ALSF funds may not be used for any indirect costs.

Signature of POST Mentor: Date:

Signature of Institutional Authorized Official: Date:

Name and Title of Authorized Official (please print or type):