

Authorization Form
NL-HARP Fellowship Awards

The undersigned hereby accept the terms and conditions governing NL-HARP fellowship awards as specified in the Awards Guide. By signing this form you are stating that everything contained within your application is true and that you have read and agree to the terms and conditions governing awards

Printed Name
Signature

Printed Name
Signature

Date:

Date:

Printed Name
Signature

Date:

All information requested by the Newfoundland and Labrador Centre for Applied Health Research will be used solely for the administration and management of the awards program and is collected under the general authority of the Memorial University Act (RSNL 1990 Chapter M-7). Questions about this collection and use of personal information may be directed to NLCAHR at (709) 777-6993.