

DECLARATION

ASHLEY STUDENTSHIPS FOR RESEARCH IN TOBACCO CONTROL

WINTER 2012

I hereby make application for the Ashley Studentships for Research in Tobacco Control and I declare that the information provided in my application is complete and true to the best of my knowledge.¹

Signature of Applicant

Date

I have reviewed all components of this application and am confident that it meets the award requirements.

Signature of Supervisor

Date

¹ **Waiver:** OTRU reserves the right to include a studentship recipient's name, university, program of study, title of research project and the name of their supervisor in our materials. By signing the application form, you agree to and comply with the terms of the award as outlined in the Application Guidelines.

SPECIAL REQUIREMENTS FORM

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Grants awarded under this program require that the chair of the student's home department confirm that the department does not currently accept nor will accept any grants, contracts, contributions or anything else of fiduciary value from any tobacco manufacturer, distributor, or other tobacco-related company during the grant period.

Further, supervisors must confirm that they do not currently accept nor will accept any grants, contracts, salary, honoraria, contributions or anything else of fiduciary value from any tobacco manufacturer, distributor, or other tobacco-related company during the grant period.

In addition, students awarded under this program must confirm that they do not currently accept nor will accept any grants, contracts, salary, honoraria, contributions or anything else of fiduciary value from any tobacco manufacturer, distributor, or other tobacco-related company during the grant period.

I hereby declare that I (or the Department) do(es) not currently accept nor will accept any grants, contracts, salary, honoraria, contributions or anything else of fiduciary value from any tobacco manufacturer, distributor, or other tobacco-related company during the grant period.

Signature of Chair

Date

Signature of Supervisor

Date

Signature of Student Applicant

Date