

**Coccia Institute**  
**Post Baccalaureate Advanced Study Grant Program**  
**Application Form**

**All applications must be type written**

PART I

PROPOSAL TITLE

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(Ten words or less)

Proposal Description and Overview

250 words maximum description for initial consideration. Use an additional sheet if necessary.

Please be sure to include in the overview how you will demonstrate to the Institute your progress towards completion of the project and in what way you plan to use the grant award in the project. Do not include the dollar amount of your request here in Part I.

Part I overview

PART II

REQUEST FOR FUNDING:

Begin by listing in Section II A \*Budget an estimate of all costs that you anticipate will be required to complete the program or project. This is not necessarily the same amount you are requesting as a grant. Use the suggested line item format. Indicate that total in II B below. If the total amount in II B for all costs of your project is greater than \$1000 or is greater than amount of the grant request that you are seeking you may still apply.

II A. \*TOTAL PROJECT COST (must be completed)

Estimate and list below the separate budget items, and total of all costs necessary to complete your project:

Example:

Supplies \$ \_\_\_\_\_

Room \$ \_\_\_\_\_

Board \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Fees for study: tuition, special classes, seminars \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

II B. TOTAL PROJECT COST \$ \_\_\_\_\_

II C. TOTAL amount of grant request may be equal to or less than II B.

\$ \_\_\_\_\_  
(but cannot exceed \$1000.)

Part III

Mail or email completed application with this page completed on or before May 1, 2008 to:

**Coccia Institute -GRANT Committee  
Montclair State University  
1 Normal Ave.  
Dickson Hall Suite 171  
Montclair NJ, 07043  
cocciainstit@mail.montclair.edu**

You will be notified on or before June 15, 2008 if your proposal has been accepted. Additional information may be required at that time. All grantees will be required to meet at least once with representatives of the Institute upon completion of the program or project and to submit in a written summary form and or graphic form, where appropriate, the results of the funded project as described in the application.

(Please retain a copy of all pages of the application for your records)

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Telephone & Area Code

\_\_\_\_\_  
Home Address Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State and Zip

\_\_\_\_\_  
Email Address

Address and telephone where you can be reached prior to June 30 if different from home address above.

\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Retain a copy for your records