



Coccia Foundation

Passing the Torch

2017 COCCIA FOUNDATION SCHOLARSHIP APPLICATION

Applicant Name: _____

University / College: _____

Applicant's Major: _____ Minor: _____

Award Type: Study Abroad in Italy _____ Scholarship for Italian Studies _____

Please sign below if this student is an *active* member of the Italian club on campus:

AMICI Club President's Signature: _____

Faculty Advisor Signature: _____

THE FOLLOWING MUST BE ATTACHED OR THE APPLICATION WILL NOT BE CONSIDERED:

(Please use this checklist to ensure the following are included prior to mailing in one envelope)

Personal Statement _____ Resume _____ Headshot _____ Current Transcript _____

Faculty Recommendation emailed directly to elisacoccia@cocciafoundation.org _____

Payment Information

To be completed by Faculty Advisor

Due to 501 © 3 restrictions, check must be made payable to the University/College only (no exceptions).

Name of Payee - University/College Foundation: _____

Address of the University/College Foundation: _____

To whom letter should be addressed: _____

Contact information with any questions: _____

Tax I.D. # of University/College: _____

Student I.D. # _____

MAIL TO: COCCIA FOUNDATION, 23 LESWING AVENUE, SADDLE BROOK, N.J. 07663
ATTENTION: SCHOLARSHIP COMMITTEE

EMAIL TO: elisacoccia@cocciafoundation.org

FIRM DEADLINE – Application MUST BE RECEIVED BY April 1, 2017

Recipients will be contacted by April 23, 2017