

**USA Section Foundation
International College of Dentists
Grant Request Application**

\$ _____

Funds Requested

Date

1. Title of program to be funded:

2. Is this the first request made to this Foundation? ()Yes ()No

3. Is this to be a one-time request? ()Yes () No

4. Will this Foundation be the only source of funds? ()Yes () No

5. Will there be an accounting of the funds expended?

6. Who will administer the funds and the Project?

7. Are other Projects of this nature being done? ()Yes () No

Please describe _____

8. Name and phone numbers of persons working in the Project:

9. Budget considerations and time involved:

10. Abstract of Project. Provide a running description of the Project, specific aim, methodology, long term objectives, and benefits:

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11. Title of program to be funded: (same as Line #1)

12. How will the USA Section Foundation receive public recognition for participating in this Project?

13. Applicant:

Mail the completed application to:

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Baton Rouge, LA 70806
(225) 927-4782
Fax (225) 216-0692
E-mail: rjdds@cox.net**

**Chairman, Grants Committee
USA Section Foundation
International College of Dentists**