

Student Activity Board of Control



Thomas R. Flanagan Student Activity Memorial Grants Application 2002

Name of Organization_____

Sponsor(s) Name_____

1. Brief description of activity or project (please include background information and the percent of the student body involved):

2. List the benefits, expected or derived, for participating students:

3. List the benefits, expected or derived, for the school(s) and community(ies):

4. Describe how grant funding will be used:

5. Assess the potential for this activity to continue:

6. New program ____ Existing ____ (years in existence) ____

**Flanagan
Application
Due March 5,**

**Grant
2002**

AMOUNT REQUESTED _____
\$ _____

Minimum \$200-Maximum \$1,000

Person to be contacted: _____

Address _____

School _____

Principal's Signature _____

Permission is ____ is not ____ granted to CAS to reproduce the application, entirely or in part, in order to publicize successful activity programs in Connecticut schools.

School _____

Telephone:(_____)_____

Mail complete application to:

CAS Flanagan Memorial Grant/ c/o Mike Buckley
30 Realty Drive
Cheshire, CT 06410

Phone: (203)250-1111

(Be sure to have application typed
and please, mail or deliver. Do not fax.)