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 Grant Application  
Due March 5, 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__________________________________________________________
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.)