Thomas R. Flanagan Student Activity Memorial Grants
Application 2001

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 February 16, 2001

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.)