



CENTRAL HIGH SCHOOL ALUMNI ASSOCIATION PROVIDENCE

CHSAAP REQUEST FOR GRANT

Please fill out this form to the best of your ability, describing the specific need or program and how it will enhance the school or provide direct benefit to a department within Central or for a group of students.

Last name _____ MI ____ First name _____

Department _____ Position at CHS _____

Date of Application ____/____/____

Is this request for equipment _____ or a Project/Program _____ please check one.

Description _____

How will this benefit CHS students _____

How many students will this affect and/or involve _____

What is the total budget amount for this project/expenditure \$ _____.

How much other funding has been received or pledged \$ _____.

Source of other funding _____

Amount requested from CHSAAP \$ _____.

If request is for more than \$500.00 is there time for CHSAAP to plan and execute a fundraising event and if so do you have a group of supporters to help us in that effort? _____

Reviewed and approved Department Head _____ Date ____/____/____

Reviewed and approved by Principal _____ Date ____/____/____

Mail to CHSAAP GRANT PROGRAM, PO Box 27311, Providence, RI 02907 or email to: CHSAAP@aol.com

Reviewed by CHSAAP _____ Date ____/____/____ Submitted for determination ____/____/____
Determination by Board: Yeas _____ Nays _____ Date of Special Meeting ____/____/____