

CAS-CIAC J. ROBERT FORD ATHLETIC GRANT PROGRAM
Grant Application Form

Mail or email to CAS-CIAC attn: Judy Sylvester
30 Realty Drive – Cheshire CT 06410 – jsylvester@casciac.org

Applicant Information:

Date of Application: _____

Applicant's Name: _____

Applicants Phone: (_____) _____ - _____

Applicant's Email: _____

School Name: _____

School Address: _____

City: _____, CT Zip: _____

ATHLETIC NEED: _____ Cost: _____

Principal's Name: _____

Principal's Phone: (_____) _____ - _____

Principal's Email: _____

Principal's Signature: _____

Athletic Director's Name: _____

Athletic Director's Phone: (_____) _____ - _____

Athletic Director's Email: _____

Athletic Director's Signature: _____

