



Woodstock Education Foundation

WOODSTOCK EDUCATION FOUNDATION

GRANT EVALUATION FORM (Revised June 30, 2019)

Grant No. [ ]

Submit this completed form within three (3) months of the end of the project to: Woodstock Education Foundation, P.O. Box 606, Woodstock, CT 06281

Date: \_\_\_\_\_

Name(s) of Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Number directly involved in project: Students \_\_\_\_\_ Teachers \_\_\_\_\_ Grade levels \_\_\_\_\_

Number indirectly impacted: Students \_\_\_\_\_ Teachers \_\_\_\_\_ Grade levels \_\_\_\_\_

Budget: Amount approved: \$ \_\_\_\_\_ Amount expended: \$ \_\_\_\_\_

If the amount approved differs from the amount expended, please explain:

Project Summary: Please explain the outcome of the project, as it related to your initial goal(s). Also include what the students learned from this project.

If your grant was for a new program, do you expect this to continue? If yes, how will this program be funded in the future?

Additional Information or Comments:

\_\_\_\_\_

\_\_\_\_\_ Applicant \_\_\_\_\_ WES or WMS Principal

\_\_\_\_\_ Superintendent