



## Education Grant Project Evaluation

(Due 30 days after ending grant period)

Name of School:

Name of Grant Awarded:

Amount of Grant Awarded:

Date of Grant:

Person Completing Report:

Phone:

Email:

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Please answer the following questions on a separate sheet of paper. Attach supporting information if needed.

1. Please describe the number of students who benefited from this project and how the educational classroom grant enhanced the student experience and learning skills.
2. Do you feel this project was worthwhile? Did it meet your expectations, and why?
3. Will this project/program likely become a regular part of your classroom programming?
4. Describe the difference this project/program has made with one or more success stories.

**Return the completed Education Grant Project Evaluation to:**

**Cheryl Fowler, Education Coordinator**  
**Oshkosh Area Community Foundation**  
[Cheryl@oshkoshareacf.org](mailto:Cheryl@oshkoshareacf.org)

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**920-426-3993**