



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