

Award Evaluation is due 30 days upon completion of your professional development



Mount Vernon Public Schools
FOUNDATION

Judy Rich Professional Development Grant AWARD EVALUATION FORM

The individuals and/or businesses, which have generously supported the Foundation’s Grant Award Program with their dollars, are requesting recipients validate the outcome of their experiences by completing an evaluation. Funded programs are intended to encourage teachers and District staff to explore educationally sound ideas to stimulate educational learning.

Grantee: _____ **Date:** _____

School: _____ **School Address:** _____

Email Address: _____ **Phone:** _____

Grant Request Amount: \$ _____ **Date(s) of Program:** _____

Grant Title: _____

1. How has this grant provided a direct and timely benefit to students?

2. What were your objectives with this project/experience and were you able to meet those expectations?

3. Share at least one example of how your experience helped or will help students and/or school:

4. Would you be willing to share your experience with the grant for our MVPSF website? YES NO

5. If YES, please provide a short description of your experience: _____

Please mail or email the following to the Foundation:

- completed **Reimbursement Form** with copies of invoices, receipts, documentation of how the grant money was spent, and proof of attendance; and
- completed **Evaluation Form**

Photographs or other marketing material of your program would also be appreciated to use on our website or in fundraising activities.

Mount Vernon Public Schools Foundation
PO Box 2543
Mount Vernon, WA 98273
president@supportmvschools.org

Failure to submit a completed evaluation may jeopardize future grant opportunities.

Please use additional pages if necessary.