

Kentucky Education – Student Program
State CLASS Grant 2017-2018

Chapter Name _____

President's Name _____

Advisor's Name _____

CLASS Coordinator _____

Coordinator's E-Mail Address _____

Goal(s) of the Project:

Description of the Project:

Expected Outcomes of the Project:

Project Partners (other SP chapters, KEA Members or KEA Retired, community groups)

Project Calendar:

Budget:

Amount requested from KEA-SP (Maximum is \$500):

President's Signature

Advisor's Signature

An evaluation of this project is required by May 31, 2018. Send to
Rosalind.bryant@kea.org