

Kentucky Education – Student Program

State Membership Grant 2017-2018

Chapter Name _____

President's Name _____

Advisor's Name _____

Grant Coordinator _____

Coordinator's E-Mail Address _____

Goal(s) of the Project:

Description of the Project:

Expected Outcomes of the Project:

Project Partners (other chapters, active or retired associations, community groups)

Project Calendar:

Budget:

Amount requested from KEA-SP (Maximum is \$250):

President's Signature

Advisor's Signature

PLEASE NOTE: An evaluation of this project is required by May 31, 2018.

Grants must be approved prior to the project date.

Please remember the KEA Board of Directors' policy prohibiting purchases from Wal-Mart.

Return to Rosalind.bryant@kea.org