

Kentucky Education – Student Program

State CLASS Grant 2018-2019

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:

What other monies/resources have you received to fund this project?

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

President's Signature

Advisor's Signature

PLEASE NOTE: An evaluation of this project is required by May 31, 2019.

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