

Kentucky Education – Student Program  
State Grant – COMMUNITY OUTREACH 2018-2019

Chapter Name \_\_\_\_\_

President's Name \_\_\_\_\_

Advisor's Name \_\_\_\_\_

Outreach 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:

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

Amount requested from KEA-SP (Maximum is \$1,500):

\_\_\_\_\_  
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](mailto:Rosalind.bryant@kea.org)**