

Kentucky Education – Student
Program State Membership Grant
2018-2019

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:

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

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, 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