Tobacco Valley Teachers Federal Credit Union

An educated choice

Grant Evaluation Form

Grant Title:_____

Name:_____Date:_____

Please list two or more specific project objectives and describe the measurement method you utilized to determine how the objectives were met. For continuation of existing programs, summarize the program's history, participation and demonstrated results. Please attach an additional sheet of paper if needed. Also include up to two photos, testimonials or other pertinent information that would support your evaluation. If the identity is depicted of any students, staff or others, a signed school consent form for each must be attached to this form.

Please print clearly in ink or type.

Please submit this Evaluation Form and additional materials by JULY 1, 2019 to:
Tobacco Valley Teachers Federal Credit Union, Attn: Lori Triba, Manager/CEO
at the address listed below.