

## An educated choice

## **Grant Evaluation Form**

Grant Title:	
Name:	
tives were met. For continuation of existing properties attach an additional sheet of paper if n	ves and describe the measurement method you utilized to determine how the objectograms, summarize the program's history, participation and demonstrated results. needed. Also include up to two photos, testimonials or other pertinent information entity is depicted of any students, staff or others, a signed school consent form for Please print clearly.

Please submit this Evaluation Form and additional materials by JUNE 30, 2022 to: Tobacco Valley Teachers Federal Credit Union, Attn: Lori Triba, Manager/CEO at the address listed below.





