BUCKEYE EDUCATION FOUNDATION
INNOVATION GRANT EVALUATION FORM

Recipient's Name: _____ Date_____

School Name: _____

Position: _____

School Telephone: _____ Ext._____

Project Title: _____

Total Amount Spent _____

Evaluation Statement about the project:

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NOTE: Please return this form and provide digital photos (on a disk) of your project for use by the Buckeye Education Foundation to Mary Ann Stalnaker at York Elementary within two weeks of the completion date of your project.