



SAAC EDUCATION GRANTS FINAL REPORT FORM

Name: _____ School: _____

Project: _____ Amount Funded: _____

Number of Students Participating: _____ Number of Students Affected _____

List of Specific Expenses (include receipts) (Use additional page if necessary.):

TOTAL: _____

Project Description: (Tell us how the project was carried out.) (Use additional page if necessary.)

Specific Outcomes: (How were the students affected by the project? What were some of their reactions?)

Attach any photos, programs, sample work, or any other documentation that would support this program. Will you be able to provide a poster board showcasing your project for display at the Cotton District Arts Festival on April 23 and the SAAC Annual Membership Meeting in the summer? Yes _____ No _____

Due Date: April 30, 2012.

Send to Ellen Boles, Starkville Area Arts Council, Suite 18, 101 S. Lafayette Street, Starkville, MS 39759

Signature _____