



Project Completion Report

Upon completion of the activity or project, this form is to be filled out and sent to the local conference office of education with a copy to the North Pacific Union Conference Office of Education.

Name(s) of Award Recipient(s) _____

Address _____

_____ Contact phone _____

School _____ Conference _____

Description of Activity or Project

Beginning Date _____ Completion Date _____

Total Amount of Award Granted _____

Final Itemized Cost of Project

How is this activity or project being shared with other educators and/or students? (Use additional page if needed.)

Please list the original goals or objectives of the project or activity and describe your progress toward fulfilling each.

Do you have any comments or suggestions for future implementation of this program?

Signed _____ Date _____