

Bartlesville Public Schools Foundation
GRANT REPORTING FORM
Professional Growth

Name(s), school(s) and department(s) of grant recipient(s): _____

Grade/department(s) that received the grant: _____

Name of conference, seminar, or workshop funded: _____

Location and dates: _____

Amount of grant: \$ _____

Amount spent: \$ _____

How did the funds support your professional growth opportunity / describe outcomes achieved:

Number of students impacted by the grant: _____

How will you share the information you learned with your colleagues: _____

How was your experience working with the Bartlesville Public School Foundation on this grant
(what went well, areas for improvement, etc...) _____

Grant recipient's contact information (email and phone): _____

Any other comments you'd like to make: _____

Lead Grant Recipient's Signature

Date