
PROGRESS STATUS REPORT

Special Education Endowment Fund Grant for **2023-2024** School Year

Mid-South District-LCMS
1675 Wynne Road
Cordova, TN 38016-4905

Phone: (901) 373-1343 Fax: (901) 373-4826

Congregation/School _____

Address/State _____ Zip _____

Project Name & Email: _____

Total Amount Endowment Funds Requested for Project: _____

Total Amount Approved: _____

Description of Progress to Date (*Give cost of materials, teaching aids and labor, personnel used, etc.*):

Please Report Project Growth and Progress:

Evaluation of Goals: *How has the project met the criteria established for the projects and fulfilled the purpose of the project?*

Will this program be continued for the coming year? _____ **Subsequent years?** _____

Completed by: _____ **Email:** _____ **Date:** _____

Address/State: _____ **Phone :**(_____) _____