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# ***PROGRESS STATUS REPORT***

Special Education Endowment Fund Grant for **2024-2025** School Year

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

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

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Congregation/School \_\_\_\_\_

Address/State \_\_\_\_\_ Zip \_\_\_\_\_

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**Project Name & Email:** \_\_\_\_\_

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**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 : ( \_\_\_\_\_ )** \_\_\_\_\_