

**Project Evaluation Form**  
 Lambda State Foundation for Educational Studies, Inc.  
**(MUST be returned at completion of research/project)**

Return completed form to:  
 Jan Ellen Shawgo, Chair  
 1210 Parliament Ct.  
 Libertyville, IL 60048  
 chisoxfan\_13@comcast.net

Research/Project Title: \_\_\_\_\_  
 Research/Project Applicant \_\_\_\_\_  
 Amount of Stipend Received: \_\_\_\_\_ Date & Year Stipend received: \_\_\_\_\_  
 Amount Actually Spent: \_\_\_\_\_

Date of Project-Evaluation Form (mm/dd/yyyy): \_\_\_\_\_

1. The research/project application indicated it would serve approximately \_\_\_\_\_ people.
2. The actual number of people served was \_\_\_\_\_.
3. How was your stipend actually used: *Please itemize*

<i>Item:</i>	<i>Authorized Amt.</i>	<i>Actual Expense</i>

*If there is a balance, please return to The Foundation:*      *Total:* \_\_\_\_\_ *Total:* \_\_\_\_\_

4. What (if any) changes in your original research/project design were necessitated by chapter, community organization, and/or Foundation funding that was less than expected?
5. How many chapter members (if any) contributed time to this research/project? \_\_\_\_\_
6. What was the best aspect of your research/project?
7. What would you change if you ever did this project again?
8. Please list any other evaluation items you are submitting along with this form.
9. Do you have any plans to follow up this project? Please explain.

*Thank you for improving education in Illinois by completing this Foundation-assisted project!*

Revised 05/2019 jes