



ALPINE SCHOOL DISTRICT FOUNDATION



Incentives For Excellence

FOLLOW-UP REPORT

Please fill out this form for the *Incentives for Excellence Grant*.

Date: _____

School Name: _____

Program name: _____

Program Coordinator: _____

Projected cost of program: \$ _____

Total matching grant amount received from the Alpine School District Foundation: \$ _____

Please list all donors and amounts received for matching money: _____

Describe how the grant money was used: _____

NOTE: *This form must be completely filled out and sent back to the Alpine Foundation no later than **September 15th**.
If the form is not received by **September 15th**, you will not be eligible to apply for a new grant.
For questions or concerns please contact Clara Jacobson @ cjacobson@alpine.k12.ut.us*