



**&**  
**THE PHYSICIANS OF THE BEAVER MEDICAL GROUP**  
***GRANTS FOR TEACHERS 2022-23 EVALUATION***



Applicant's Name: \_\_\_\_\_

Grade/Level/Subject: \_\_\_\_\_

Name of School: \_\_\_\_\_

Amount of Grant: \_\_\_\_\_

We welcome your honest feedback. Your comments will aid REP as we evaluate our program and strive for continued improvement. Program Evaluation:

Please write three to five sentences describing specifically how this Grant impacted your students' education.

Have you previously applied for a REP Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously received a REP Grant? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what year(s) did you receive your Grant and what was the amount of your Grant?

\_\_\_\_\_

Did you submit your receipts by March 1, 2022 as you agreed to on your Application? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

Did you submit your Evaluation by March 1, 2022 as you agreed to on your Application? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

If Grants for Teachers is offered again, would you apply again? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_

Email your receipts for proof of purchase(s) and your completed Evaluation to Linda Macleod, Chairperson, at [rep4grants@gmail.com](mailto:rep4grants@gmail.com).