

Ascension Education  
2025 Woodman Dr., Kettering OH 45420

**Education Ascension Grant Program  
Summary Report**

Name: \_\_\_\_\_

Program/Activity: \_\_\_\_\_

What have you learned/observed from this program/activity?

What success/difficulties did you encounter?

What additional skills have you acquired/developed?

What was the goal of this program/activity? Did you meet your goal?

What have you found personally satisfying in this experience?

Describe some significant ways in which your faith has matured/developed through this program/activity?

Financial Information

Amount of grant \_\_\_\_\_ Total expensed to date \_\_\_\_\_ Balance remaining \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_