



Masonic Youth Program

COMPLETION FORM YOUTH ORGANIZATIONS

Please complete **IMMEDIATELY** after event and return to:
Kansas Masonic Foundation, 5835 SW 29th Street, Suite 203, Topeka, Kansas 66614

MASONIC YOUTH PROGRAM

(Complete this section detailing results from Kansas Masonic Foundation grant)

This is to certify that the Kansas Masonic Foundation funds of \$_____ were utilized as _____ amount received described in the original application of proposed grant as submitted and approved.

Youth Leader

Adult Representative

Date

Please describe results/outcome of each event that received grant money and number of expected new youth members to organization. _____

