



Masonic Youth Program

COMPLETION FORM YOUTH ORGANIZATIONS

Please complete **IMMEDIATELY** after event and return to:
Kansas Masonic Foundation, 221 SW 33rd Street, Suite 100, Topeka, Kansas 66611-2431

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. _____

Kansas Masonic Foundation, 221 SW 33rd Street, Suite 100, Topeka, Kansas 66611-2431; (785) 357-7646; Fax (785) 357-7406

If available, send photos for possible use on our website or Annual Report, along with any newspaper coverage, etc.
Digital photos may be emailed to us at Info@KansasMasonic.Foundation