



**INDIVIDUAL LEARNING GRANT
PROGRAM EVALUATION FORM**

Name _____ Phone _____

Email _____ Lay
 Ministry Personnel

Name of Program _____

Location _____

Date of event _____

1. Would you recommend this program to others? Yes_____ No_____.

Why or why not?

2. Have you provided an evaluation to the institution offering the program?

Yes_____ No_____.

3. Did your shared funding work out satisfactorily? _____

4. Do you plan to have any follow-up events related to the program that you attended?

5. What were your key learnings, and how will you apply these to your future planning?

6. How did this support your ministry in the congregation/presbytery/Conference?

Other comments?

Please return to:	Individual Learning Grant Hamilton Conference P. O. Box 100 CARLISLE, ON L0R 1H0
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