

## $Sask at chewan\ Association\ of\ International\ Languages$

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## 2021/22 FOLLOW-UP FORM LANGUAGE TEACHING PROGRAM GRANT REPORT

PLEASE PRINT CLEARLY				
A. IDENTIFICATION				
Name of School	Bank Account Name (if different from name of school)			
Contact Person and Title	School/Coordinator E-mail Address			
Mailing Address (Street, City, SK, Postal Code)				
Non-Profit Corporation Number	Te	lephone Number		
B. OPERATION OF LANGUAGE SCHOOL				
Location of Classes	Number of Cla	Number of Classrooms Used at Location		
Day(s) of Classes (i.e. – Saturdays):	Time(s) of Classes:			
Date Classes Started (e.g.: September 5, 2021)	Date Classes Ended (e.g.: June 15, 2022)			
Enrolment: # Young Youth (3-18) # Older Youth (19-29	) # Adults (30-54)	# Senior Citizens (55+)	Total #	
Total Hours of Instruction per Student:		, ,		
Number of Paid Instructors/Staff:	Number of Volunteers:	:		
C. PROGRAM OBJECTIVES				
1) Describe the activities for which this funding w	vas used:			
2) How did you acknowledge the support of Sask	Lotteries and SAIL	in your programs?		

3) Is there any way we could assist in making schools like yours more successful? Please explain. \*Attach the attendance forms for the year. All follow-up documents must be sent to the SAIL office by July 8, 2022.

Please fill in the financial summary below for your school. Provide as many details as possible. If preferred, a separate financial document may be provided, as long as the relevant categories are included.

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