



# DEPARTMENT OF FLORIDA DISTRICT YEAR END REPORT 2024-2025

District # \_\_\_\_\_ District Education Chairman's Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

- Did your Units participate in the **Give 10 to Education**? \_\_\_\_ Yes \_\_\_\_ No  
If Yes: Value of in-kind donations: \_\_\_\_\_  
(These are donations made by members or the Community)  
Dollars Spent by Units: \$ \_\_\_\_\_ Hours Spent \_\_\_\_\_
- Did your Units participate in the **Veterans in Community Schools**? \_\_\_\_ Yes \_\_\_\_ No  
If Yes: Value of in-kind donations: \_\_\_\_\_  
(These are donations made by members or the Community)  
Dollars Spent by Units: \$ \_\_\_\_\_ Hours Spent \_\_\_\_\_  
Number of **Veterans** in Community School Presentations? \_\_\_\_\_
- Does your Units actively support Veterans associations on campus? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, how? \_\_\_\_\_  
\_\_\_\_\_  
(Add extra pages if needed)

- Does your Units present any Scholarship? \_\_\_\_ Yes \_\_\_\_ No  
If Yes: Dollar Amount of Scholarships \_\_\_\_\_ Quantity Awarded \_\_\_\_\_  
Dollar Amount donated to Department Scholarships \$ \_\_\_\_\_

- Did you submit any applications for Department Scholarships? \_\_\_\_ if yes, how many \_\_\_\_
- Did you submit any applications for National Scholarships? \_\_\_\_ if yes, how many \_\_\_\_
- Total Hours spent tutoring/helping needy students (of any age) \_\_\_\_\_  
Total Number of Children \_\_\_\_\_ and Adults \_\_\_\_\_ assisted.

- Did you participate in Box Tops for Education? \_\_\_\_ If yes, total collected \$ \_\_\_\_\_
- Did you participate in Operation Home Front Back to School Brigade? \_\_\_\_\_  
(Hours to be reported in National Security)
- Did you Participate in Teacher Appreciation Week? \_\_\_\_ Yes \_\_\_\_ No  
If Yes: Value of in-kind donations: \_\_\_\_\_  
(These are donations made by members or the Community)  
Dollars Spent by Units: \$ \_\_\_\_\_ Hours Spent \_\_\_\_\_

- Did you Participate in American Education Week? \_\_\_\_ Yes \_\_\_\_ No  
If Yes: Value of in-kind donations: \_\_\_\_\_  
(These are donations made by members or the community)  
Dollars Spent by Units: \$ \_\_\_\_\_ Hours Spent \_\_\_\_\_

**Please attach a narrative to provide details of how you worked these into the education program.**

Send this report to Stacy Cusano – Department Chairman [education@alaf1.org](mailto:education@alaf1.org)

Include photos in original JPEG format (not saved from Facebook)