

COOPERATIVE LEADERSHIP FUND EVALUATION

Name: Last, First, Middle		
Employer:		
Address:		
Email:	Telephone:	Fax:
Title of cooperative education program attended:		
Date and location of program:		

Briefly describe the value of the education program to you (additional pages may be attached as needed):

Would you recommend the Ralph K. Morris Cooperative Leadership Fund continue providing funds to attend this program? Yes No

Do you have any comments regarding the efficiency and effectiveness of the Ralph K. Morris Cooperative Leadership Fund based on your experience?

Signature: _____

Email or fax this **completed** evaluation within 30 days of completion of the education program to:

Ralph K. Morris Foundation
Attn: William Nelson
1204 Hawthorne Avenue East
St. Paul, MN 55106
(507) 363-7840
E-mail: wjnelson49@gmail.com

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