



# Ralph K. Morris Foundation

*Continuing the Cooperative Legacy*



## COOPERATIVE LEADERSHIP FUND APPLICATION

Date:		
Name: Last, First, Middle		(1 person per application)
Employer:		
Address (Street or P.O. Box, City, State and Zip Code):		
Email:	Telephone:	Fax:
Title of cooperative education program for which financial support is sought:		
Date and location of program:		
Total cost of program (including conference registration and travel expenses):		
Amount you are requesting from the Ralph K. Morris Foundation:		
Funds from other sources (minimum of 33% recommended of total program costs) — state amount and source(s):		
Number of years of experience working with cooperatives:		

Please provide a brief narrative to the following questions or statements. Additional pages may be attached as needed.

How will rural communities and/or the cooperative system benefit from your participation in this program?

Explain why you would like to attend this cooperative education program:

Describe your leadership experience:

Title and signature of officer of the sponsoring organization (other than applicant):

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Address and telephone:

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Email, mail or fax this **completed** application along with a copy of an announcement or flyer describing the program and its registration fee to the Ralph K. Morris Foundation at the address listed below.

**Questions?**

Contact:  
Ralph K. Morris Foundation  
Attn: William J. Nelson, Chairman  
1204 Hawthorne Avenue East  
St. Paul, MN 55106  
Tel: (507) 363-7840  
Email: [wjnelson49@gmail.com](mailto:wjnelson49@gmail.com)