



# Ralph K. Morris Foundation

*Continuing the Cooperative Legacy*



## RALPH K. MORRIS COOPERATIVE LEADERSHIP FUND ORGANIZATIONAL GRANT

### REPORTING FORM

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title of cooperative education program: \_\_\_\_\_

Date and location of program: \_\_\_\_\_

Briefly summarize the cooperative education program (topics, number of attendees, etc.):

List of scholarship recipients, contact information and amount of scholarship (may submit separate document).

Please provide feedback on the application process for the Organizational Grant.

Signature: \_\_\_\_\_

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

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)

\_\_\_\_\_