

Date: _____

Name: _____

Organization: _____

Street Address: _____

City, Country, Zip: _____

E-mail: _____

Phone: _____

Does your co-op work focus on:

- Rural areas (populations with 50,000 or less)
- Urban areas
- Both

Amount requesting: (Eligible expenses include: transportation to Institute, accommodations, and Institute registration fee)

Attach a brief narrative on how the cooperative movement will be advanced by your participating in this program and a description of your involvement in cooperatives and cooperative education.

Your Signature:

Please e-mail completed application and narrative to ACE at the address listed below.

Catharine Chamberlain, Institute Administrator
Association of Cooperative Educators
mailto:chamberlain@ace.coop
647-669-5862

Please submit by May 18