



**GREAT LAKES**  
Stewardship Initiative

*Expanding classrooms. Strengthening communities.*

## *Memorandum of Partnership*

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Name of Applicant: \_\_\_\_\_

Name of Partnering Organization: \_\_\_\_\_

*Please provide the following information about the partnering organization.*

### **A. K–12 School**

Name of the school building \_\_\_\_\_

Name of the local school district \_\_\_\_\_

**Type of school:** (Check **all** that apply.)

Elementary School

Middle/Jr. High School

High School

Number of students enrolled in the school building: \_\_\_\_\_

Number of students participating in the Initiative: \_\_\_\_\_

Number of teachers employed in the school building: \_\_\_\_\_

Number of teachers participating in the Initiative: \_\_\_\_\_

### **B. Community-Based, Regional or Statewide Organization**

*Please check one of the following:*

Community-Based

Regional Organization

Statewide Organization

Name of the organization: \_\_\_\_\_

Briefly describe the mission of organization: \_\_\_\_\_

Briefly describe the organization's service area: \_\_\_\_\_

