

# SCHOOL CO-OPERATIVE PROGRAM APPLICATION

**THE DEADLINE FOR APPLICATION SUBMISSION IS OCTOBER 15**

## 1. APPLICANT INFORMATION

School or Organization Name:		Teacher/Project Coordinator:		
Phone#:		Email address:		
Mailing Address →	Street:	City:	State: WA	Zip:

## 2. PROJECT DETAILS

Species Requested:    Chum    Coho    Trout    Other	Hatchery:
Number of eggs requested (250 max):	
County project will take place in:	Proposed Release Location (name of stream, lake, etc.):
Please describe why you would like to start this project and what your goals are:	

## 3. NAME AND DATE

Applicant Name:	Date:
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Send your completed application electronically to: [schoolcoops@dfw.wa.gov](mailto:schoolcoops@dfw.wa.gov)