



**Kansas Soybeans as a Food
APPLICATION FORM**
One semester and teacher per form

2019-2020 _____ **Fall Semester** _____ **Spring Semester**

School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Teacher's name: _____

E-mail address: _____

Telephone: _____

Name of class: _____ No. of students: _____ Grade level: _____

Name of class: _____ No. of students: _____ Grade level: _____

Name of class: _____ No. of students: _____ Grade level: _____

Name of class: _____ No. of students: _____ Grade level: _____

Name of class: _____ No. of students: _____ Grade level: _____

Name of class: _____ No. of students: _____ Grade level: _____

Amount requested (can receive \$2/student up to \$400/semester): \$ _____

Teacher's signature: _____ Date: _____

Notes or special requests:

Please apply by September 20, 2019, for the fall and February 21, 2020, for the spring.

Return to: Kansas Soybean Commission
1000 SW Red Oaks Place
Topeka, KS 66615-1207
Fax – 785-271-1302
E-mail – info@kansassoybeans.org

FOR OFFICE USE ONLY

Amount approved: \$ _____

FACS program coordinator: _____ Date: _____

Materials sent: _____ Entered in database: _____