

Nominate YOUR public school district to apply for an
America's Farmers Grow Rural Education Grant.
ENROLLMENT CARD MUST BE POSTMARKED BY APRIL 2.

I have filled out and verified information for ALL available field boxes.

First Name: _____

Last Name: _____

School District Name: _____

I LIVE or FARM at:

Address: _____

City: _____

State: _____

Zip: _____

Farmer's County: _____

FOLD HERE

Phone: _____

Cell Phone: _____

Email: _____

**SIGN
HERE:** _____

I am eligible to participate in America's Farmers Grow Rural Education and agree to comply with the official rules at www.GrowRuralEducation.com.



Keep Rural Schools Growing!

STAMP
HERE

AMERICA'S FARMERS GROW RURAL EDUCATION
SALES SUPPORT CENTER
622 EMERSON ROAD, SUITE 150
ST. LOUIS, MO 63141-9586

FOLD HERE



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TAPE HERE