

FOR AN AMERICA'S FARMERS GROW RURAL EDUCATION GRANT

\bigcirc Mr. \bigcirc Mrs.	\bigcirc Ms.									*	indica	ates r	equir	ed ti	elds	
FIRST NAME*																
ADDRESS*																
CITY*																
STATE*						ZIP COD	E*									
COUNTY*																
PHONE*						CEL	.L*									
EMAIL*																
Which public school Name*: Address: School Contact Per Name: Phone: E-mail:	son (if kno	own):														
How did you hear a	bout the A	merica's			ow Rura Vewspa			n pro	gram		Posto	card				
 School District Ag(Commodity Crown 			\circ	○ Seed Dealer Name							 ○ Trade Show ○ Other 					
 Ag/Commodity Group 				○ Monsanto Employee Name							Jine	ſ				
 I am 21 or older 40 acres of open 		-	-					-	-				-	and/	'or	

○ I am not a seed dealer or spouse of a seed dealer.

Signature _

To nominate your public school district for the America's Farmers Grow Rural Education program, fill out this form during the Program Entry Period (January 6, 2014, through April 6, 2014). Please complete all required registration information. **Dealers are not eligible to apply.**

Please apply online at **GrowRuralEducation.com** or send this application to Grow Rural Education, 914 Spruce St., St. Louis, MO 63102 or fax it to 314.726.6350. To obtain Official Rules, please visit **GrowRuralEducation.com** or send a self-addressed stamped envelope to the above address.