2009-2010 School Year

KANSAS BEEF CERTIFICATE PROGRAM

Application

District: _____ County: _____

Name of school: _____

Address: _____

City/State/Zip:_____

Telephone Number: _____ Fax Number: _____

F.A.C.S. Instructor Name(s): _____

Email: _____

Number of Students in School: _____ Number of Students enrolled in F.A.C.S. _____

Amount received from KBC in 2008-09:

Classroom labs $_____ Total amount spent in 08-09: $_____

*Briefly describe below how beef is taught in your classroom/lab and plans to increase education efforts regarding the New Face of Beef by emphasizing cuts like **flat iron**, **petite tender** and **chuck roast** from the chuck and round.*

Please return completed application, receipts and any unused funds from the 2008-09 school year to the Kansas Beef Council by July 31, 2009.

For Office Use Only:

Total from Receipts (08-09): _____ Unused Funds (08-09): _____ Code _____