



Kansas Foundation for Agriculture in the Classroom

Board of Director Nomination Form

Name: _____

Address: _____

County: _____ Zip: _____

Phone number: _____

E-Mail: _____

Is the applicant currently a member of the Foundation? _____

If so, for how long? _____

Is the applicant willing to serve on the Board of Directors? _____

Describe the applicant's past or current involvement in agriculture and/or education: _____

Please describe other related information that may be useful: _____

Name of current board member sending form: _____

**Questions?
Contact KFACT Office**

Kansas Foundation for Agriculture in the Classroom

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