

KANSAS STATE MIGRANT EDUCATION PROGRAM
PROJECT REQUEST FOR STATE ASSISTANCE
FOR IDENTIFICATION & RECRUITMENT SERVICES

Project _____ USD # _____ Date _____

Type of assistance requested:

Training Recruitment Technical Assistance

Please indicate reason for request for assistance: _____

Recruitment Information:

Agri-Businesses	Phone	Contact Person
_____	_____	_____
_____	_____	_____
_____	_____	_____

Qualifying activities performed by migrant workers in your area:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Migrant workers are in the area during what times of the year?

Fall Winter Spring Summer

Migrant Project Director

Superintendent of Schools

Date

Date