

## 3 % INCREASE - BREAKFAST PARTICIPATION APPLICATION

District Number: \_\_\_\_\_

*Return to GSNA by March 2, 2026.*

School System's Name: \_\_\_\_\_  
List any schools that have had a 3% increase in average breakfast participation during the dates shown. Use state end of year reports.

Please complete this form and return it to the GSNA Headquarters by March 2, 2026.

Form can be emailed to [info@georgiaschoolnutrition.com](mailto:info@georgiaschoolnutrition.com) or faxed to 770-934-8917.

(Forms **MUST** be SUBMITTED to GSNA and **NOT** placed in your scroll notebook.)

\* Complete form and return, only if your school(s) meet the 3 % increase criteria.

The above information is true and correct to the best of my knowledge.

---

**Signature of School Nutrition Director**

---

Date