

Grow Appalachia Participant Application 2024

Name: _____ Phone Number: _____

Address: _____ Email: _____

Date of Birth: _____ Spouses Date of Birth: _____

Occupation: _____ Disabled? _____ Retired? _____ Veteran? _____

Income: _____

Number in Household: _____

Number and Ages of Children: _____

Single Parent Family? _____ Grandparent raising Grandchildren? _____

Why are you interested in applying with Grow Appalachia? _____

Do you Rent or Own your Residence? _____

What experience do you have gardening? _____

Check the following assistance which you would require to grow a garden:

_____ Reimbursement for Tilling Soil _____ Fertilizers (organic)

_____ Seeds/Plants _____ Canning equipment Other _____

_____ Gardening Tools _____ Gardening Classes Other _____

What types of vegetables are you interested in planting? _____

Would you agree to having a program representative visit your garden several times during the growing season? _____ Would you agree to a soil test? _____

Would you agree to attending at least six Grow Appalachia classes? _____

Would you agree to having pictures of your family and/or garden taken for publications, websites, or blogs?

Would you agree to planting extra surplus to share and sell at the Farmer's Market and/or foodbank?
