** Grow Appalachia** 

**Participant Application** Appalachia-Science in the Public Interest

**Grow Appalachia** is dedicated to helping mountain families plant a healthy future for themselves and their communities by:

* Providing them with skills and resources to grow sustainable, nutritious food.
* Teaching them how to prepare and preserve food in a healthy way.
* Empowering them to share their knowledge in the community.
* Creating programs to provide food to elderly and disabled residents in need.
* Supporting local farmers markets to sell surplus food.

Participants will be required to:

* provide a site for a vegetable garden (or take on a Community Garden plot)
* have the soil tested (at Grow Appalachia expense)
* attend a minimum of three trainings (two workshops shall be required to receive materials: Food Preservation; Marketing and Selling Gardening Products),
* For home gardeners, participants will select (from summer internship schedule) one weekly education session in which participant will assist interns with hands-on learning of subject matter.
* For Community Gardeners, participants will attend the Community Garden construction and select three Community Garden Work Days.
* record and return monthly harvest records,
* provide updates to Project Coordinator,
* volunteer five (5) hours of time to the Grow Appalachia Garden Project.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Members in Household:

|  |  |  |
| --- | --- | --- |
| Name | Relationship to Applicant | Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have your own property for a garden site? **YES NO**

Do you need a Community Garden plot? **YES NO**

Have you ever had a family garden? **YES NO**

Does anyone receive public assistance in household? **YES NO**

If YES:

* How many years has it been producing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What did you harvest?

|  |  |
| --- | --- |
| Crop Type | Quantities (please specify rows or measured harvest – i.e. bushels, pecks, etc.) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* Did you ever sell from your garden? **YES NO**
* Did you ever give food away from your garden? **YES NO**
* What was your experience with a family garden in the past? Did you have problems? Please use the space below to tell us about your experience: (or use this space for any other comments you would like to make)

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed application by February 15th, 2014** to ASPI office at:

50 Lair St. Mt. Vernon, KY 40456

Contact project coordinator if you have questions at: Ph: **606-256-0077**