



Grow Appalachia Participant Application



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) and have the soil tested (at Grow Appalachia expense), attend a minimum of three trainings (Required: basic gardening, food preservation), provide regular, ongoing updates to Project Coordinator, and 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: (in order for us to track numbers of people affected by project)

Name	Relationship to Applicant	Age

OPTIONAL: Monthly Income: \$_____ This information may be used to help determine applicant qualification and will remain confidential.

OPTIONAL: Do you receive Food Stamps? **YES** **NO**

Do you own your own property? **YES** **NO**

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

Have you ever had a family garden? **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)

Would you be interested in participating in our local Farmers Market? **YES** **NO**

Applicant signature: _____ Date: _____

Return completed application by February 17, 2012 to ASPI office at: 50 Lair St. Mt. Vernon, KY 40456
Contact project coordinator if you have questions at: Nancy Seaberg 606-256-0077 (office), or 606-453-4629 (home), or email: nseaberg@a-spi.org