

Grow Appalachia Participant Application 2025

Name: _____ Date of birth: _____

Spouse's name: _____ Spouse's date of birth: _____

Race: _____ Hispanic or Non-Hispanic: _____

Email: _____ Cell phone number: _____

Home phone number: _____

Address: _____

Occupation(s): _____ Disabled? _____ Retired? _____ Veteran? _____

Household income: _____ Number of individuals in household: _____

Number and ages of children in household: _____

Single parent household? _____ Grandparent raising grandchildren? _____

Have you participated in Grow Appalachia before? _____ If so, how many years? _____

Why are you interested in participating in 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

_____ Gardening Tools _____ Gardening Classes Other _____

What types of vegetables are you interested in planting? _____

Do you agree to attend **at least** six Grow Appalachia classes? _____

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

Would you agree to a soil test if needed? _____

Can pictures of your family and/or garden be 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?

Additional comments: _____
