

The Garden Project of Southwest Colorado SCHOLARSHIP APPLICATION FORM

Child's Name:

Parent/Guardian Name:

Address:

Phone:

Email:

School and Grade Level:

Please fill out the following information for potential scholarship opportunities:

1. Are you applying for a full or partial scholarship?
2. Has your child expressed an interest in participating in garden programs?
3. Does your family receive any federal assistance? For example, Medicaid, WIC, SNAP...
4. Is there additional information you would like to provide concerning your family's situation?

For **Dirt Club (grades 1-4)** and **Garden Squad (grades 6-8)**, please return this form and registration to your school's office by **Friday, September 2nd**.

The Garden Project of Southwest Colorado will contact you regarding the status of this scholarship request before the first day of after school classes.

More Information:

www.thegardenprojectswcolorado.org

Phone: 970-259-3123

Email: TheGardenProjectSWCO@gmail.com

Office: 862 Main Ave, Suite 222, Durango, CO 81301

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