

Carrboro Family Garden Application

Your Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip : _____

Best Telephone # to Reach You: _____ Email: _____

Do you have prior gardening experience? () Yes () No

Do you have space to garden where you live now? () Yes () No

Please tell us about your family. This information is confidential, and will only be used to help us reach our goal of including all kinds of families in the gardens.

Are there more adults in your family who will be gardening? Please provide their name(s) and relationships below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please provide the name(s) and birth date(s) for each child in your family, below.

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Race/Ethnicity:

() Caucasian () African-American () Latino/Hispanic () Asian () Other: _____

What is your approximate annual household income?

Check the box next to your income range	Income	Annual Garden Fee
<input type="checkbox"/>	Less than \$20,000	\$20
<input type="checkbox"/>	\$20,000 - \$60,000	\$40
<input type="checkbox"/>	Over \$60,000	\$60

Plot fees cover materials and water and will be collected after application is approved. No one will be turned away because of an inability to pay. Scholarships are available. Gardens are distributed on a first come, first serve basis with low-income families receiving first priority.

Please put your completed application in the mailbox by the garden kiosk or send by mail to:
OCPYC, 120 Providence Rd., Suite 101, Chapel Hill, NC 27514

WE WILL CONTACT YOU SOON!