The Nampa Farmers Market John Relk Memorial Scholarship

Name ____

Address ____

Phone Number - home____

- cell____

email address ____

Parent's email address ____

Age _________ Grade___________ School ______________________________

x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x

Use another sheet of paper to answer the following questions.

- Tell us about yourself.
- Why do you want this scholarship?
- What do you want to grow?
- Where will you have your garden? How big is it?

Parents:

- How much support will you be able to give to your child? (Transportation to the market, encouragement, etc.)

I have read the instruction sheet and agree to the requirements.

Youth Signature: ________________________________ Date: ______________

Parent Signature: ________________________________ Date: ______________

Mail completed application to: Nampa Farmers Market P.O. Box 332 Nampa, ID 83658 or email to: webmaster@nampafarmersmarket.com Must be received by March 10, 2018