

Options Community Garden Scholarship Plot Registration

Date: _____

Name: _____

Mailing Address: _____

City, Zip Code _____

Phone: _____

Email: _____

List others that will be working with you on your plot: _____

Please describe in the space below why you want a scholarship plot:

What do you plan to grow this season?

For Options Community Garden Use:

Garden Plot # _____
Paid Annual Water Fee: Y / N

Start Date: _____