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TMCC Anishinabe Gardening Program
Tribal College Extension/Land Grant - Anishinabe Wellness Center

APPLICATION DUE 4-28-17

Turtle Mountain Community College
P.O. Box 340
Belcourt, ND 58316
Phone (701)477-7972
Fax (701)477-0936

Program Application *Be sure to answer all questions!*

Please Print

Personal Information:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

DISTRICT (Check One): 1 2 3 4

DO YOU WORK Full-time Part-time Unemployed Student Retired

HOW MANY PEOPLE WOULD BENEFIT FROM YOUR GARDEN? _____

PLEASE GIVE PHYSICAL ADDRESS TO HOME: (Garden site. For Example: BIA Road # 13, Green house with deck and two car garage.)

Old Garden Site New Garden Site *If this is a new garden site, please call 1-800-795-0555 or 811 to have any buried lines marked before we come out and till.*

Head Start Student Name _____

*****Priority will be given to families with Headstart students and those who attend the Basic Home Gardening Workshop May 5th or May 6th.*****

Photograph/Video Release Form:

I hereby consent to the use of photographs &/or videos of my child/dependent/self, and/or any copies of this photograph &/or video in any editorial and/or promotional material produced and/or published by the Anishinabe Gardening Program and Turtle Mountain Community College.

I understand that signing this release does not guarantee publication of the photo(s) &/or video(s).

Signature of Applicant: _____ Date: _____

Applications can be mailed to:

TMCC Anishinabe Gardening Program
Turtle Mountain Community College
Attention: Michelle Short-Azure
P.O. Box 340
Belcourt, ND 58316

Applications can be hand delivered to:

Michelle Short-Azure
Tribal College Extension
Anishinabe Learning, Cultural & Wellness Center
Located 1.5 miles North of Belcourt on BIA Road #7

Supplemental Questionnaire:

If your family is selected:

Would you or a member of your family be interested in attending free workshops?

yes no

Would you continue to plant gardens annually and teach your family the importance of gardening?

yes no

Would you be willing to do follow-up surveys for the remainder of the program?

yes no

Would you and your family be willing to participate in a farmers market in the fall to sell your fresh produce, pickles, jams, jellies, baked goods, crafts, etc..?

yes no

What kinds of workshops would you be interested in? (Check all that apply)

Gardening Basics

Native American Gardening

Lawn & Garden

Food Safety

Nutrition

Trees & Shrubs

Food Preservation

Weed and Pest Control

Cottage Industry

Horticulture

Other (please list) _____

What would be the best times for you to attend workshops? (Check all that apply)

Morning

Weekday

Afternoon

Weekend

Evening

A complete application must be received by April 28, 2017 on the close of business day!!

Office Use Only:

Date Received: _____

Date Completed: _____