WASHINGTON STATE UNIVERSITY EXTENSION
Master Gardener Program

2018 Home VEG Project Application

PLEASE PRINT

First name	Middle Initial	Last Name		
Street Address		City	State	Zip
E-mail address		Home Phone		

1) Do you Rent or Own your Home (Circle)? Rent Own

2) List the number of people living in your home by age?
0-10 years ____ 11-20 years ____ 21-40 years ____ 41- 60 years ____ 61+ years ____

3) Do you currently have a garden (Circle)? Yes No If yes, so how big in Sq. feet _____

4) Please describe your vegetable gardening experience.

5) Who will be responsible for taking care of the gardening?

6) Show where your garden goes on your property (Simple diagram).

7) What do you want to grow?

8) What resources do you have (land, fencing, water, tools).

9) How will you control the weeds, pets, and pests in your garden?

10) What do you hope to gain from this gardening experience?

11) Why should you be selected (100 words or less)?

12) Would you be willing to be interviewed by the media about this project (Circle)? Yes No

Name _____ Date _____

Please return by March 1 2018 to:
WSU Extension, Attn: Gary Fredricks, 1946 Third Avenue, Longview, WA, 98632

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