

Sowing Seeds Scholarship Application

Name: (First and Last) _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address(Your Scholarship will be sent to this address)

Please tell us your story and why you want to attend this class or event at Hawk's Hill Farm.

If selected, how do you plan to use the knowledge or skill gained here?

Please describe why attending this class or event would be a financial hardship without the scholarship assistance.

What event or class are you interested in attending?

How will this class impact you or help you reach your goals?

How did you hear about our scholarship program?