



## Kennebunk Community Garden Scholarship Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Household Size: \_\_\_\_\_ Monthly/Annual household income: \_\_\_\_\_

Emergency contact (name/ph #): \_\_\_\_\_

I am requesting a scholarship for a garden plot at (circle one): the **West Kennebunk Community Garden** or the **Park Street Community Garden**. My signature indicates that I have read the Waiver and Garden Rules in the complete application packet and agree to accept and abide by these rules and that I agree to provide the information necessary to the General Assistance Administrator at Town Hall in order to evaluate and determine my eligibility for a scholarship. I hereby affirm that the information provided is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

*Scholarship applications must be submitted to the General Assistance office, 1 Summer Street, Kennebunk, ME 04043*

*For office use only:*

\_\_\_\_\_ Date Approved

\_\_\_\_\_ Denied:

\_\_\_\_\_ Plot assigned/Submitted to CGC