Mountain Roots Food Project

YOUTH Scholarship Application

Child's Name:_____ **Date:**_____

Parent / Guardian Name:_____

Address:_____

Phone Number:_____ **Email:**_____

Type of Scholarship: ◊ Merit-Based ◊ Need- Based (please attach financial affidavit)

Name of program to which you are applying receive assistance: _____

What organization is sponsoring this program? (include organization's website and/or contact information)

_____

Date(s) of program:_____ **Cost of attending the program:**_____

Location of Program:_____ **Amount of support requested:**_____

Will you be able to provide proof of enrollment in the event? ◊ yes ◊ no

Mission statement: *Mountain Roots Food Project is a 501c3 charitable organization that cultivates a resilient food system in the Gunnison Valley by enhancing healthy connections between food, earth, and community. We foster knowledge, teach skills, and provide opportunities that ensure access to affordable, nutritious food that is regionally based and sustainably produced.*

Organizational Objectives:

1. Increase ***local food production*** *that employs ecologically sound and holistic principles and practices.*

2. Improve ***access to nutritious and affordable food*** *in Gunnison Valley.*

3. Enhance the ***quality of soil and habitat*** *in the garden ecosystem, and develop more production opportunities.*

Educate, engage, empower *community members to grow, eat, buy, preserve, store, share, enjoy and value locally grown food*

Short Answer Questions:

1. **Why do you want your child to receive a scholarship to participate in this program, and what do you hope they will gain from it? (1-3 sentences)**

2. **Has your child expressed interest in participating in this program? Please describe.**

3. **How do you feel this event supports the mission of Mountain Roots Food Project? (1-3 sentences)**

I will use the Mountain Roots Food project Scholarship for the purpose stated above. If I cancel my enrollment at any time during the duration of the course, I will return the full scholarship amount to Mountain Roots Food Project within 30 days.

Applicant's Signature_____ ***Guardian Signature***_____

For internal use only:

Reviewed_____ Qualified_____ Enrollment Confirmed_____ Amount Awarded_____ Date_____ Check_____

The Scholarship Project provides financial support to enable full-time Gunnison Valley residents to participate in learning opportunities that support the Mountain Roots Food Project mission. A Scholarship Evaluation Committee made up of MRFP Board Members establishes scholarship guidelines, reviews applications, and determines eligibility. The number of scholarships and amount given is determined by available funds. Scholarships are awarded on a quarterly basis.