



GARDEN WARRIORS 2020 APPLICATION

*For Native youth ages 13-18. Learn about culture, indigenous foods & agriculture.
Participants receive a stipend of \$50/week with a potential bonus.*

Garden Warriors Session 1: For first time participants.

Garden Warriors in Session 1 learn the basics of organic agriculture and healthy cooking fundamentals. Youth have the opportunity to cook healthy lunches in the kitchen and to work at farmers markets.

July 6th - July 23rd Monday-Thursday weekly

Celebration Feast: Saturday, July 25th

Garden Warriors Session 2: For returning Garden Warriors only.

In Session 2, returning Garden Warriors deepen their knowledge and improve skills from previous seasons. Youth learn seed saving and hand pollination. Youth also have the opportunity to cook healthy lunches in the kitchen and to work at farmers markets.

August 3rd - August 27th Monday-Thursday weekly

Celebration Feast: Saturday, August 29th

APPLICATION DEADLINE: APRIL 1ST, 2020

Please complete all parts of the application.

Incomplete applications may not be considered for summer programs.

Notifications will be sent out via email and mail the last week of April.

THIS IS A DAY PROGRAM PICK UP/DROP OFF LOCATIONS

<p>Little Earth of United Tribes Main Office 2501 Cedar Ave. S Minneapolis, MN 55404</p>	<p>Pickup: 8:00am Drop Off: 4:00pm</p>
<p>American Indian Family Center 579 Wells Street St. Paul, MN 55430</p>	<p>Pickup: 8:30am Drop Off: 3:30pm</p>

Dream of Wild Health's mission is to restore health and well-being in the Native community by recovering knowledge of and access to healthy, Indigenous foods, medicines, and lifeways.

*Return completed applications to **Dream of Wild Health Attn: Phoebe Young 1308 E. Franklin Ave. Suite 203 Minneapolis, MN 55404**
OR **scan & email** to phoebe@dreamofwildhealth.org [emailed **photo of application** also accepted]*



Check which session you are applying for:

Garden Warriors Session 1

Garden Warriors Session 2

Name: _____ Gender Identity: _____ Age: _____

Date of Birth: ____/____/____ Years in the Program 0 1 2 3 4+

School: _____ Grade: _____

Youth phone: _____ Youth email: _____

Qualify for free/reduced lunch? Yes No

Tribal Affiliation: _____

Reservation/Homelands: _____

Legal Guardian Name(s): _____

Legal Guardian phone: _____

Legal Guardian email: _____

Address: _____ City _____ State _____ ZIP Code _____

Receive DWH E-Newsletter? Yes No

Emergency Contact Info:

Name: _____ Relationship to youth: _____

Phone: _____

Are there any dietary restrictions, allergies, health or behavior issues we should be aware of?

See next page for application section →

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ALL APPLICANTS: Write a short essay of three paragraphs answering the prompts below.

This is mandatory for acceptance into the Garden Warriors program.

Name: _____

If you are new to the program: Tell us why you would like to be a Garden Warrior this summer at Dream of Wild Health. Please include a few ideas of what you hope to learn about food and gardening, and what you are most interested in.

If you are returning to the program: What areas of the Garden Warriors program do you want to get more involved in this summer (i.e. cooking, farm, language, art) and why? What traditional ways would you like to learn more about? What does being a good relative mean to you?

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I give my child permission to participate in the 2020 Garden Warriors Summer Program. I give Dream of Wild Health permission to teach, transport, feed and photograph my child. Dream of Wild Health will not be held liable for any injuries that may occur in the event of an unforeseen accident.

Signature of Legal Guardian

Date

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