

Plow to Plate Youth Chef Advocacy Program Application

Name _____ School _____ Grade _____

Address _____ Home phone _____

Student email _____ cell phone _____

Parent email _____ cell/work phone _____

Students: Please fill out this questionnaire with your parents:

Classes run March to July and are once a week except in June and July when they are twice a week. All classes are mandatory. Do you have a specific conflict with this schedule? If so, what is it? _____

The cost of the program is \$25. Will you need financial aid? _____

Check the subjects that interest you most:

- Learning about sustainability and the environment
- Learning about the health implications of our food choices
- Learning about local and seasonal foods and menu planning
- Visiting farms, talking with the farmers & harvesting produce
- Cooking with experienced chefs
- Serving food I harvested and cooked to my family & others
- Teaching others about the importance of local & sustainable food

Please **write a paragraph** explaining to us why you want to participate in this program, what you expect/want to learn from it and how you think this program help you in the future. Use the other side or separate sheet of paper.

Please send **one letter of recommendation** from someone (teacher, employer, community member, etc) who can speak for your interest in these topics and your commitment to the program.

After we receive your application and letter, we may ask you to participate in a **brief interview** with Chef Anne and Dr. Diane.

Please mail your application and letter **no later than Feb 4th** to:

Plow to Plate Youth Chef Advocacy Program
c/o Susan Twombly
New Milford Hospital
21 Elm Street
New Milford, CT 06776

THANK YOU!