

WINDY CITY HARVEST STUDENT ADMISSION FORM

Urban Agriculture Education and Job Training Initiative
administered by the Chicago Botanic Garden



Please select one:

Apprenticeship (9-month)

Industry Specific Certificate (14 week)

Type of Industry: _____

Name *(Please Print Your Full Name)*

List any other names you previously used (such as a different last name)

Street Address City State Zip

E-mail

Phone: Home # Cell #

How did you learn about Windy City Harvest?

Which statement most accurately reflects your primary reason for attending Windy City Harvest?

Prepare for a new career Improve present occupational skills Pursue personal interests

Do you plan to start an Incubator Farm? Yes No

Do you plan to apply to the Business and Entrepreneurship for Local Foods Course? Yes No

Are you available for classroom training during regular daytime business hours? Yes No

Are you available to participate in a 14-week paid full-time internship? Yes No

List any farming related professional and/or volunteer groups in which you've been involved (most recent first):

What type of activities have you participated in with these groups?

List any farming related skills or formal training:

