



# APPLICATION

Please email sign and completed application to  
teambmack@bmackwrites.com

## PERSONAL INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Select One:

\_\_\_ Single

\_\_\_ Married

\_\_\_ Divorced

\_\_\_ Separated

Number of children: \_\_\_\_\_

## EDUCATION

Please Select Highest Level of Education

☐ GED

☐ High School Diploma

☐ Some College

☐ College Graduate

Graduation Year: \_\_\_\_\_ Major: \_\_\_\_\_

## EMPLOYMENT

Name of Current/Previous Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Responsibilities: \_\_\_\_\_



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## WHAT'S YOUR STORY?

1. This is a four-week course. Online class times will be every Monday at 7-8:30 PM Eastern time. Will you commit to attending each class? \_\_\_\_\_
2. Every participant will be required to cover the costs of the mandatory class supply skit plus shipping. The total cost will be \$40. Will you agree to purchase? \_\_\_\_Yes \_\_\_\_No
3. Please tell us about your future education and career goals.
4. Why should you be chosen for the "Grow Your Own" program?
5. How do you plan to use the tools/skills you learned from the "Grow Your Own" program?
6. Identify a strength and/or weakness that you would like to develop or strengthen during the program and going forward.
7. How do you plan on giving back to others in your community after you complete the program?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

