

# Master Gardener Scholarship Application

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

Home Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

8 Volunteer Hours Completed @ at least two approved projects

	<u>Project</u>	<u>Date</u>	<u>Hours</u>
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____
<input type="radio"/>	_____	_____	_____

Preferred Class Schedule

- Monday Evening – 6:00pm – 9:00pm
- Tuesday Morning – 9:00am – 12:00pm

I authorize the release of this application and supporting documents including proof of my 8 hours of volunteer work to appropriate persons within the Master Gardener Program in confidence as part of any selection process for scholarship.

I agree to abide by the additional 32 hour volunteer/community service commitment to be able to Certify as a Master Gardener during or after the Master Gardener training and to continue my membership in the Master Gardener Program and all the requirements therein for at least 2 years after my initial training.

I agree to maintain excellent attendance during the Master Gardener training classes.

I declare the information supplied by me on this form is complete, true and correct in every particular way.

I have read and signed the Release and Waiver of Liability Document.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_