WISCONSIN MASTER GARDENERS ASSOCIATION

**APPLICATION FOR CONTINUING EDUCATION GRANT**

# Grant Amount is $100.00

Six (6) Grants to be awarded

## Name of Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

Phone of Contact Person (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant money will be used to fund the following program or education resource. Specify the nature of the program or resource.

Who will benefit from the program/resource proposed and number of persons who will benefit?

Grant Application – Page 2 $100.00

How will this program benefit your Association and WIMGA?

Will your association be charging for this program? \_\_\_\_\_\_\_\_ If so, what will you do with the proceeds?

This information is true to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Association Representative Title Date

### DEADLINE FOR GRANT SUBMISSION: October 1 of each year

#### Association will be notified of determination by November 15

## Submit this form to: Wisconsin Master Gardeners Association – Educational Grant

Jackie Shaffer

PO Box 1184

Wautoma WI 54982

Questions? Please email jackieshaffer54982@outlook.com

Postmark Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hrd 07/22