

**WISCONSIN MASTER GARDENERS ASSOCIATION
APPLICATION FOR CONTINUING EDUCATION GRANT**

Grant Amount is \$250.00
Nine (9) 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?

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.

Name, Association Representative Title

Date

DEADLINE FOR GRANT SUBMISSION: October 1 of each year

Email Submissions are preferred

Association will be notified of determination by November 15

Submit this form to: WIMGA Treasurer Roseann Meixelsperger

treasurer.wimga@gmail.com

Wisconsin Master Gardeners Association – Educational Grant

204 Donovan Cove Rd

Shell Lake WI 54871

Date Received: _____