

**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?

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](mailto:jackieshaffer54982@outlook.com)

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

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