**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.

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*hrd 03/23*