

**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
Byron Hacker, Treasurer
N4511 State Road 57
Chilton, WI 53014

Postmark Date: _____

Date Received: _____