

**Outagamie County Master Gardener Association
Volunteer Training Grant Request**

NAME _____ **DATE** _____
ADDRESS _____
CITY _____ **ZIP** _____
TELEPHONE NUMBER _____ **EMAIL** _____

*Financial assistance will be up to 50% of the
Outagamie County Master Gardener Association Basic Training Class cost.*

Describe your reasons for requesting this grant for Master Gardener training?

Explain why you want to be a Master Gardener Volunteer .

Upon completion of the classes, what gardening interests do you have and would like to be involved in ?

Application is to be completed and returned to UW Extension Office at 3365 W. Brewster Street, Appleton WI. 54914. It will be reviewed by the Executive Board. Within one month of date received applicant will be notified.

Executive Board approved: _____

Date: _____