



MASTER GARDENER PROGRAM
SCHOLARSHIP APPLICATION



Please answer each of these questions in the space provided below.

- 1) How do you feel you would be an asset to the Master Gardener Program?
2) Tell us a little about yourself; your interest in gardening, any previous volunteer experience in community activities, and why you want to take the Master Gardener class.
3) Why do you feel that your financial situation qualifies you for a scholarship.

Multiple horizontal lines for writing answers to the questions.

I hereby acknowledge that this scholarship application does not guarantee I will receive a scholarship, and verify that all information I've provided is correct.

Applicant's Signature / also Print Your Name Clearly Date

Address City Zip Phone

Return this form by February 1, 2008 to : Master Gardener Program
Kalamazoo County-MSU Extension
PO Box 42
Nazareth, MI 49074-0042