OSU Jackson County Master Gardener Association (JCMGA)

School Garden Grant Application

Name of School: _____ Date: _____

Address: _____

Street City Zip Code

Contact Person: _____ Position: _____

Email: _____ Phone #: _____

Has your school received JCMGA School Grants in the past? Yes ____ No ____

For which year(s): _____ How were funds used?: _____

Describe your current project or the purpose for which you are requesting funds, including facilities for gardening and history of your horticultural efforts: _____

_____

List itemized materials & estimated costs for which you are requesting funds below:

Materials	Estimated $ Cost

TOTAL $ AMOUNT: _____

Age/Grade of Students involved: _____ How many students? _____

When will the project be started? _____ Anticipated completion date: _____

Is MGA mentoring support requested? Yes ____ No _____ If yes, what type? _____

If there is additional information that the Jackson County Master GardenerTM Association should have before evaluating this application, please attach additional pages.