

Virginia Beach Master Gardener Association Supplemental Education Grant Application

Name: _____

Address: _____

Telephone: _____ E-Mail Address: _____

Name of Program or Conference
Attending: _____

Date(s): _____

Estimated Cost (provide a listing of costs):

If financial support for your attendance to this activity is approved, how will you use the knowledge gained to provide educational opportunities to other Master Gardeners or Virginia Beach residents (Give specific examples and a time line for accomplishment)?

VMGA President

Extension Agent

Approved

Date

I, _____, agree to the terms of this contract and understand that if I do not fulfill the "payback" of volunteer commitment I will reimburse the Virginia Beach Master Gardener Association.