



LAKELANDS MASTER GARDENER SCHOLARSHIP FORM

The Lakelands Master Gardener partial scholarship program has been set up to assist individuals on fixed incomes along with those in transition due to loss of job, illness, or circumstances beyond their control. Fill out this form and return to the **Extension office at the Old Brewer School on East Cambridge** or mail to the address below **by 3:00 pm Monday, July 24, 2017**:

**Clemson Extension Service
c/o LMG, Inc - Scholarship Fund
P. O. Box 246
Greenwood, SC 29648 Phone: 864-223-3264**

NAME: _____
MAILING ADDRESS: _____
(if you have a PO Box, please list an address for shipping purposes as well)
PHONE NUMBER:(H) _____ **(C)** _____
E-MAIL: _____

Briefly explain why you would like to become a Master Gardener but need a scholarship in order to complete the course.

Please describe two instances when gardening has enriched your life or the lives of others.

Please list two volunteer projects (does not have to be horticultural related) you have either been associated with and or have coordinated, as well as each of these project's contact person.

Please provide two work or personal references (non-family members).

- 1. Reference and phone number _____
- 2. Reference and phone number _____

If selected, do you agree to volunteer 40 hours in a year to obtain full Master Gardening Certification?
____yes ____no

Recipients of the scholarship will be notified by July 31, 2017. The recipient portion must be received by 12:00 noon on Monday, August 7th.

Sign: _____ **Date:** _____

Below is to be completed by the LMG Board of Directors

LMG Board approved: ____yes ____no

Reason not approved _____

Signed: LMG Education Chairperson _____