



# 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 Friday, July 22, 2016**:

**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 Aug 1, 2016. The recipient portion must be received by 12:00 noon on Monday, August 8th.**

**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** \_\_\_\_\_