Geauga County Master Gardener Volunteers  
of The Ohio State University Extension

Application for Horticulture Education Projects: For educators of Geauga County children and/or adults

Title of Project: ___________________________________________________

Names of Project leaders: ____________________________________________

____________________________________________

What are the Project’s objectives? ______________________________________

___________________________________

Who is the intended audience? _________________________________________

__________________________________________________________________

What are the Project’s expected outcomes?

How will the Project be implemented (include project location and duration)?

What are the itemized costs anticipated to complete the project?

What amount are you requesting from our organization and what percent of the total cost does this represent?
Identify other sources of funding, if any:

Attach any written materials (diagrams, etc.) that might aid the committee in their review process.

Tell us how you heard about horticultural project funds available from the Master Gardener Volunteers at the OSU Extension?

Signature of Applicant: ___________________________ Date: __________________

Address (city, zip): _______________________________________________________

Email Address: _________________________

Cell phone: _________________ Home/Work phone: _________________