

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: _____

