

Application Code: _____
(committee use only)

**Tennessee Master Gardener Search For Excellence
2012 Application**

APPLICATION DEADLINE IS NOVEMBER 30, 2012

NAME OF MG GROUP: _____

COUNTY(IES): _____

MASTER GARDENER CONTACT:

NAME _____

EMAIL _____

MASTER GARDENER COORDINATOR/EXTENSION STAFF:

NAME _____

TITLE _____

EMAIL _____

PHONE _____

CATEGORY---MUST SELECT AND SUBMIT IN ONLY ONE CATEGORY

- Youth
- Demonstration Garden
- Workshop or Presentation
- Community Service
- Innovative Project
- Research
- Special Needs Audience

COMMENCEMENT DATE OF PROJECT: _____

LIST THE NAMES OF MASTER GARDENERS DIRECTLY INVOLVED IN THIS PROJECT. Do not include their roles or any other individuals in this listing. *(Place the cursor in the box to type a name.)* You may attach an additional page if necessary.

Project Leaders' Names:

Number of Master Gardeners participating: _____

If you are using Word, place your cursor in the boxes and click twice. If using PDF, place your cursor in the box and begin typing.

DESCRIPTION OF PROJECT (include name, location, target audience, goals, and partnerships) 500 words or less.

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DESCRIBE THE PLANNING AND IMPLEMENTATION OF THE PROJECT. 500 words or less.

[Empty text box for describing the planning and implementation of the project.]

HOW HAS THE PROJECT BEEN FUNDED AND HOW HAVE THOSE FUNDS BEEN SPENT? 500 Words or less.

[Empty text box for describing the project's funding and how funds were spent.]

DESCRIBE THE OUTCOMES OF THIS PROJECT. HOW HAS IT AUGMENTED LEARNING, INCREASED KNOWLEDGE OR CHANGED PRACTICES TO ENHANCE QUALITY OF LIFE? INCLUDE THE METHODS YOU USED TO MEASURE THE IMPACT OF THE PROJECT. These impacts could be economical, educational, environmental, health or community based. 500 words or less.

