



**OREGON MASTER GARDENER™ ASSOCIATION  
EXTENSION EDUCATOR GRANT REQUEST**

DATE: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

MASTER GARDENER™ CHAPTER: \_\_\_\_\_

CHAPTER'S MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

APPLICANT'S NAME (Please print): \_\_\_\_\_

APPLICANT'S TITLE: \_\_\_\_\_

(Community Horticulture Agent, Program Assistant, or designated OSU Extension Staff)

PURPOSE OF PROGRAM/GRANT: (Brief description. Please use back of form if needed.)

Applicant's Signature: \_\_\_\_\_

For Committee Use:

Accepted: \_\_\_\_\_

Declined: \_\_\_\_\_

Date: \_\_\_\_\_

\*Reason \_\_\_\_\_

In the event of dissolution or disbanding of the local chapter, the equipment or materials purchased with this grant shall revert to OMGA to be held in trust.