

LARAMIE COUNTY MASTER GARDENERS

APPLICATION FOR EDUCATIONAL SCHOLARSHIP REIMBURSEMENT

Applicant's name _____

Program for which you are applying for funding _____

Date(s) of program _____ Tuition cost _____

Travel cost _____ Lodging cost _____

Please describe the continuing education and/or volunteer work that maintains your good standing as a Laramie County Master Gardener in the space below:

Your signature below indicates you agree to the following conditions:

1. Approval must be obtained prior to the event.
2. You will provide proof of attendance.
3. You may be asked to present an overview of the program at the next membership meeting.
4. You will attend the entire event.
5. You understand that reimbursement is dependent on availability of funds.

Applicant's Signature _____ Date _____

This section is to be completed by the Executive Board

Executive Board Decision: Request Approved

Request Denied

Reason(s) for denial, if applicable _____

Executive Board member signature _____ Date _____

Amount approved _____

Date reimbursed _____ Check # _____