

Advanced Master Gardener Application

Title of study: _____

Name:

Address:

Phone: Home

Cell

Email address:

Date & Location of Original MG Certification:

Planned Start Date of Advanced Training:

Master Gardener Lifetime Hours:

Mentor Name:

Study Outline

(Include hours and dates of each portion of study and outreach already completed):

Training Lectures & Materials (including online):

Total Proposed Hours of Training Lectures: _____ hours

Sources Read:

Total Proposed Hours of Books Read: _____ hours

Total Proposed Training Hours Complete: _____ hours

Total Training Hours Required: 40

Outreach Plan:

Total Proposed Hours of Community Outreach: _____ hours

Total Community Outreach Hours Required: 10

(The presentation to the Advanced Master Gardener Committee counts in the total outreach hours)