



## Master Gardener Level I 2017 Scholarship Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Flathead County  
Extension Office**

**I would like to be considered for a Master Gardener scholarship. My need is:**

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**I can / cannot commit to 20 hours of volunteer service in a horticultural setting to be completed by Sept. 1, 2017.**

**I plan to volunteer:**

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action provider of  
educational outreach.*

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