



## Unit 19 Master Gardener Financial Assistance Application

### Applicant's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State / Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

### Reduction Request:

Financial assistance is available to cover a portion of the Master Gardener Training Classes Fee- *if the fee will cause financial hardship*. The amount of the reduction will be determined by your County office. All waivers are limited to available funds. A maximum of half the enrollment fee may be waived.

**Brief explanation of need for waiver: (you must include an explanation in order for your application to be considered.**

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Please explain why you want to become a Master Gardener, what you hope to learn and how you will share what you have learned with others:

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**Acknowledgement & Signatures:**

This financial assistance agreement will be kept on file in the University of Illinois Extension County Office. All applications are confidential and reviewed by Extension Staff. This information will NOT be released to any other entity, agency or organization.

Notification by Extension Staff of acceptance/non-acceptance will be given to each applicant.

There may be restrictions on the number of programs you are eligible for each fiscal year. Please check with your County Extension Office to see if that applies to you so that you can determine your participation accordingly.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Extension Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ Approved Amount Granted      Date Approved: \_\_\_\_\_

County Director's Signature: \_\_\_\_\_

***Fee waivers are available for individuals in need of financial assistance to participate in University of Illinois Extension Programs.***