

Aransas/San Patricio Master Gardeners



Mailing Address: 301 N. Live Oak, Rockport, TX 78382, Office and Demonstration Gardens: 611 E. Mimosa, Rockport, TX, Phone (361) 790-0103; Fax (361) 729-3937

2010-2011 Project Grant Application – PART B

Amount of funds requested: Description of PROJECT: (No more than 100)		uation technique)
Name/Signature of Principal or Name/Title and/_	Signature of Organiza	
Organization/School	Grade(s)	Subject
PhoneE-mail		
Address		
Name/Signature of Applicant	/	
Title of PROJECT(project must be horticulture of	or natural resource edu	ucation related)

<u>Purpose of PROJECT</u>: (How will it benefit your students? Send evaluation feedback at the completion of project)