**Send-A-Friend**

**Application Instructions**

***Deadline: May 15***

Application is to be completed by the Chapter, signed by the Chapter President and submitted to the Send-A-Friend committee at the address below. It must be *postmarked* by May 15. Emails will be accepted, and application must be *received* by May 15.

* If you cannot meet the deadline, you should contact the chairperson immediately by phone or email to request additional time.

*Send-A-Friend Chairperson:* Eric Bosler

 610 NW Lincoln St.

 White Salmon WA

 509-493-3098

 ericbosler@hotmail.com

**Send-A-Friend Guidelines (SAF)**

The following items are the guidelines for submitting an application to receive a SAF scholarship to the OMGA educational conference:

1. Each Chapter may apply for one scholarship per year.
2. Scholarship funds are to be distributed only to **a** current Master Gardener or Master Gardener Trainee in good standing with their **its** chapter.
3. No applications will be accepted after the stated deadline.
4. Maximum of 1 scholarship per chapter. Current scholarships may be awarded up to the requested amount not to exceed $100. This amount may be distributed to more than one member.

**SPECIFIC CHAPTER RESPONSIBILITIES**

1. Each Master Gardener Chapter is to screen its own applicants.
2. Chapter President *must* sign application and submit to SAF Committee prior to deadline date.
3. The OMGA Treasurer will send award checks to the Chapter Treasurer.
4. Funds are to be used for the OMGA educational conference attendance only. All unused funds are to be sent back to the OMGA Treasurer to be placed back in the SAF fund within 30 days of the end of the conference.
5. If the person receiving the scholarship for Mini-College is unable to attend, funds may be allotted to another Master Gardener attending the conference.

**OMGA SEND-A-FRIEND SCOLARSHIP APPLICATION**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter of OMGA wishes to apply for the $100 Send-A-Friend Scholarship fund for the Joy of Gardening Conference.

Please send scholarship to:

Chapter President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Chapter President Signature Phone/Email Date

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*To be completed by Send-A-Friend Chairperson*

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested: $\_\_\_\_\_\_\_\_\_\_ Amount Approved $\_\_\_\_\_\_\_\_\_\_\_

Notes: