



**School Master Gardener Program - 2010**  
"Growing Environmental Youth Leaders"  
DeKalb Extension  
DeKalb School System



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## I. INTRODUCTION: WHAT IS A "MASTER GARDENER?"

The DeKalb Extension has partnered with Fernbank Science Center and several other educational organizations to help schools *grow environmental youth leaders* through school and community partnerships, sustainable gardening practices and interdisciplinary, hands-on curricula. The School Master Gardener Program of the University of Georgia Cooperative Extension provides community-minded teachers and gardeners with practical horticultural training that can be taken back and shared in their schools and communities. This training is an **introductory** course in horticulture and school-related topics that provide a foundation for learning more through volunteer activities. "Putting Knowledge to Work" to grow a better school community is the commitment of a School Master Gardener. Completion of 50 hours of school service earns each volunteer the designation of Certified School Master Gardener. Volunteer hours can only be achieved during after school or weekend activities.

## II. SCHOOL AND PARTICIPANT BENEFITS

Knowledge: The traditional Master Gardener Program training has been adapted to provide participants with the background and knowledge needed to implement successful, student-centered gardens and landscapes at their school.

Materials: Teams will receive the Master Gardener textbook and an assortment of materials, plants, and lesson plans for the school garden.

Professional Learning Credit: The nine day training (June 1-11, 2010) is approved for 5 PLU credits. The course schedule is attached.

## III. TEAM COMMITMENT

Classes: Participants are required to attend **all** classes of the training to receive certification and qualify for PLU credit.

Volunteer Component: Participants must contribute 50 hours of volunteer service at their school and develop an outside educational area with your students (design and some plant materials will be provided).

## IV. SCHOOL TEAM PROPOSAL

Team proposal must demonstrate:

- Student, teacher, parent, administrator and school involvement.
- Student-centered and school-oriented project-related activities that involve gardening, landscaping and/or horticulture.
- Enhancements to school grounds that go beyond aesthetics to provide substantial educational and environmental benefits.
- Interdisciplinary focus.

Team applicants **MUST** adhere to the following to avoid disqualification:

1. Team must represent a DeKalb County or City of Decatur public or private school (serving K-12).
2. Only **ONE** team per school may apply.
3. Teams must consist of **3-5 school representatives** (teachers, administrators, custodians, faculty, parents and community volunteers) that include at **least** two teachers.
4. Schools must have a documented commitment from a minimum of three additional school representatives to attend the Partnership Development Day on Friday, June 11, 2010.
5. Letters of support from both the school Principal and PTA must be submitted with the application (personally signed by these representatives).
6. Meet established deadlines.
7. A check for \$150 per school **MUST** be attached to application. Checks should be made payable to Fernbank Science Center.
8. Must send **three (3) typed** copies of the grant application and required letters of support from the school Principal and PTA.

**The application to be completed is included with this material.**

Three (3) typed copies of the application are due by Friday, March 19, 2010, at 3:00 pm.

**By DeKalb School Courier or mail:**

Trecia Neal

School Master Gardener Proposal

Fernbank Science Center

156 Heaton Park Drive

Atlanta, GA 30307

**Make a copy for your files!**

#### **V. APPLICATION REVIEW AND NOTIFICATION**

Applications will be judged by a review team which will select the 2010 School Master Gardener Teams. Acceptance letters will be mailed in early April.

#### **VI. REPORTING**

Teams will be required to submit a final report to the DeKalb Extension describing their school volunteer project, plans for use and sustainability. It will also require documentation from each team member of at least 50 hours (outside of the classroom) school volunteer service for School Master Gardener certification. A final report form will be provided to all teams. In addition, teams **should supplement** this written summary with **photographs, published articles, conference presentations**, or other **relevant materials**.

#### **VII. CRIMINAL BACKGROUND CHECKS:**

All applicants must be willing to go through a University of Georgia Master Gardener volunteer background check required for all volunteers who work directly with youth audiences.

#### **QUESTIONS???**

About program and/or application contact Trecia Neal, nealt@fc.dekalb.k12.ga.us. Thank you.

# 2010 School Master Gardener Application

## COVER SHEET

Name of School: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

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

Principal e-mail: \_\_\_\_\_

Please check: \_\_\_ DeKalb School System    \_\_\_ City of Decatur School System  
                  \_\_\_ Private School in DeKalb County

APPLICANTS MUST MEET THESE CRITERIA TO BE ELIGIBLE FOR APPLICATION REVIEW:

Please complete this checklist before submitting school application:

*Office Use Only*

### **Applicant Use**

- School is located in DeKalb County.
- Only one application has been submitted from this school.
- Team member information enclosed that consists of 3-5 members, including at least two teachers.
- Submitted by Friday, March 19th, 2010, 3:00 pm.
- Three (3) typed copies of application and letters of support are enclosed.
- Written application does not exceed 4 pages (not including cover sheet, team information or supporting pages).
- Letter of support from school Principal enclosed.
- Letter of support from PTA enclosed.
- Registration fee: \$150 per school.  
Make checks payable to ***Fernbank Science Center***.
- Optional: Three pages maximum of supporting materials.

## 1. Team Member Application:

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

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

Work e-mail: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Please check one:

\_\_\_ Administrator, please specify: \_\_\_\_\_

\_\_\_ Teacher, grade taught and subject area: \_\_\_\_\_

\_\_\_ Staff, please specify position: \_\_\_\_\_

\_\_\_ Parent, please specify age and grade of children at school: \_\_\_\_\_

\_\_\_ Volunteer/Other, please specify school commitment: \_\_\_\_\_

In 2-3 sentences, please describe what your contribution to the school master gardener team will be?

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**As a Representative from a school in DeKalb County, I would like to be considered for the 2010-2011 School /Master Gardener Training Program. I understand that this training begins on June 1 and concludes on June 11, 2010. To qualify as a School Master Gardener, I will attend all 9 days of training. Upon completion of this training, I agree to contribute 50 hours (outside of the classroom) of volunteer service at my school. I will complete this volunteer commitment and submit my required documentation by April, 2011. As a Master Gardener, I promise not to use my title for any commercial enterprises or to promote any commercial products.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 2. Team Member Application:

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

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

Work e-mail: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Please check one:

\_\_\_ Administrator, please specify: \_\_\_\_\_

\_\_\_ Teacher, grade taught and subject area: \_\_\_\_\_

\_\_\_ Staff, please specify position: \_\_\_\_\_

\_\_\_ Parent, please specify age and grade of children at school: \_\_\_\_\_

\_\_\_ Volunteer/Other, please specify school commitment: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### 3. Team Member Application:

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

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

Work e-mail: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Please check one:

\_\_\_ Administrator, please specify: \_\_\_\_\_

\_\_\_ Teacher, grade taught and subject area: \_\_\_\_\_

\_\_\_ Staff, please specify position: \_\_\_\_\_

\_\_\_ Parent, please specify age and grade of children at school: \_\_\_\_\_

\_\_\_ Volunteer/Other, please specify school commitment: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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#### 4. Team Member Application:

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

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

Work e-mail: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Please check one:

\_\_\_ Administrator, please specify: \_\_\_\_\_

\_\_\_ Teacher, grade taught and subject area: \_\_\_\_\_

\_\_\_ Staff, please specify position: \_\_\_\_\_

\_\_\_ Parent, please specify age and grade of children at school: \_\_\_\_\_

\_\_\_ Volunteer/Other, please specify school commitment: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 5. Team Member Application:

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

Home address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

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

Work e-mail: \_\_\_\_\_

Home e-mail: \_\_\_\_\_

Please check one:

\_\_\_ Administrator, please specify: \_\_\_\_\_

\_\_\_ Teacher, grade taught and subject area: \_\_\_\_\_

\_\_\_ Staff, please specify position: \_\_\_\_\_

\_\_\_ Parent, please specify age and grade of children at school: \_\_\_\_\_

\_\_\_ Volunteer/Other, please specify school commitment: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## PARTNERSHIP DEVELOPMENT PLAN

Friday, June 11, 2010

Partnership Development Day is the morning of the final day of the School Master Gardener Program. It is a time for the participating schools to send additional stakeholders to learn how they can assist, support and collaborate with their teams to develop and sustain successful educational gardening activities on their school campus. The success of the individual school program is dependent on the support of the school community. Each participating school must recruit a minimum of 3 and no more than 5 additional representatives to participate during this day. Other teachers, students, clubs, administrators, parents, faculty and other school partners are encouraged to participate.

### PARTICIPANT 1:

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please specify which group is represented:

Administration: \_\_\_\_\_ Students: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Teachers: \_\_\_\_\_

Parents: \_\_\_\_\_ Staff: \_\_\_\_\_

Other: \_\_\_\_\_

### PARTICIPANT 2:

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please specify which group is represented:

Administration: \_\_\_\_\_ Students: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Teachers: \_\_\_\_\_

Parents: \_\_\_\_\_ Staff: \_\_\_\_\_

Other: \_\_\_\_\_

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**PARTICIPANT 3:**

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please specify which group is represented:

Administration: \_\_\_\_\_ Students: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Teachers: \_\_\_\_\_

Parents: \_\_\_\_\_ Staff: \_\_\_\_\_

Other: \_\_\_\_\_

**PARTICIPANT 4:**

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please specify which group is represented:

Administration: \_\_\_\_\_ Students: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Teachers: \_\_\_\_\_

Parents: \_\_\_\_\_ Staff: \_\_\_\_\_

Other: \_\_\_\_\_

**PARTICIPANT 5:**

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

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

City, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please specify which group is represented:

Administration: \_\_\_\_\_ Students: \_\_\_\_\_

Volunteer: \_\_\_\_\_ Teachers: \_\_\_\_\_

Parents: \_\_\_\_\_ Staff: \_\_\_\_\_

Other: \_\_\_\_\_

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## WRITTEN INFORMATION APPLICATION

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Please answer each of the following questions and attach as additional pages. This section (Questions 1-9) should not exceed 4 pages.

1. What type of outdoor educational space are you planning on developing at your school? What do you already have developed at your school? Is this space utilized for instruction currently? If so, how is it utilized and by whom?
2. Describe the role of each of the team members and how your team will work together to implement your project.
3. How will students be involved in planning, constructing and sustaining your outdoor educational project? How will students be involved in your school gardening program?
4. Describe how you will use your outdoor educational project to teach all subjects.
5. How will this project benefit students, faculty, the community and the environment?
6. How will you and your students communicate and share the activities and outcomes of your project with others in your school and community?
7. List your partners in this effort both inside (across disciplines and faculty positions) and outside the school (local businesses and organizations) and describe their expected contributions.
8. What steps will be taken to ensure the long-term sustainability of your school gardening project?

**REQUIRED:** Attach letters of support from your school Principal and PTA. If your school does not have a formalized PTA, please attach a letter from another source of support (advisory group, club, local business, etc).

**OPTIONAL:** Attach up to 3 additional pages of supporting materials that include additional letters of support, pictures or other relevant information.