



# University of Connecticut

Dear Applicant:

Thank you for your interest in the UConn Cooperative Extension System Master Gardener Program. Students enrolled in this program receive training in botany, plant pathology, soils, entomology, pesticide safety, integrated pest management (IPM), woody ornamentals, herbaceous ornamentals, vegetables, tree and small fruits, turf grass, invasive plants, water quality, environmental factors affecting plant growth, and diagnostic techniques for the home gardener.

Following formal classroom instruction, Master Gardener students receive hands-on training in the extension offices or the Bartlett Arboretum; they are supervised in researching a broad range of horticultural questions, including identifying insects and plants, diagnosing plant diseases, and providing sound cultural recommendations

This program is designed to enhance UConn's horticultural education offerings statewide, with a strong focus on volunteerism and educational outreach. Students are involved in many rewarding projects.

Enclosed please find information on the application process as well as the application form, program requirements, class locations, fees, and scholarship opportunities. If you need more information please contact the coordinator (see list on page 5) in your county.

Best wishes,

*Leslie A Alexander*

Leslie A Alexander  
University of Connecticut  
State Master Gardener Coordinator

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## 2010 Master Gardener Application

### APPLICATION PROCESS:

- By **Friday, October 30, 2009** a completed application must be submitted to the location where you wish to take classes; one of the County Cooperative Extension Offices or the Bartlett Arboretum. Please see the list of locations on page 5.
- Letters of acceptance will be mailed by **Friday, November 13, 2009**. If you are accepted to the program, payment in the form of a check for **\$395.00** must be received by **Friday, November 27, 2009**.
- Partial scholarships may be available based on financial need. If you are interested in a scholarship, please contact the Master Gardener Coordinator at the center where you have applied.

### PROGRAM REQUIREMENTS:

- 145 hours of training
  - 85 hours formal classroom training
    - 16 classes, 1 day per week, 9:00AM-4:00PM, January–April
  - 60 hours of supervised in-service training at one of nine class locations

### CLASSROOM REQUIREMENTS:

- Written open-book exam at the end of class lectures
- Tree/Shrub/Vine identification collection, project due at end of **August 2010**
- Attendance at, at least one summer diagnostic session
- Final practicum exam at the end of in-service training

### IN-SERVICE REQUIREMENTS:

- A minimum of 30 hours public outreach at a Cooperative Extension System Center or the Bartlett Arboretum **during weekday business hours** under the supervision of a Master Gardener Coordinator
- 30 hours approved outreach education or community project

In-service training to be completed by the end of **September 2010**

# 2010 Master Gardener Application

Please type or print clearly, complete all data requested, and attach additional sheets if necessary. This application must be postmarked no later than Friday, **October 30, 2009**. Please send it to the location where you wish to take your class (see page 5). For further information, please contact your county's Master Gardener Program Coordinator.

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

## Education

High School #yrs completed \_\_\_\_\_ Technical/Business # yrs \_\_\_\_\_ College # years \_\_\_\_\_

Major \_\_\_\_\_ Degree(s) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

Do you currently work in a garden center, greenhouse, and/or landscape firm, etc.? Yes \_\_\_  
No \_\_\_

If yes, business name \_\_\_\_\_

Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_

Have you ever applied to the UConn Master Gardener Program before? Yes \_\_\_ No \_\_\_

How did you learn about the UConn Master Gardener Program?

Have you ever been certified by any other horticultural program?

## VOLUNTEER EXPERIENCE:

Describe any community volunteer experience(s) you have had (i.e. schools, churches, seniors, youth, parks, public office). These experiences need not be of a horticultural nature. If you have never had the opportunity to volunteer please suggest an area where you would like to volunteer.

**Outreach:**

What type of work would you choose to do for your educational outreach? Please check all that apply.

Work with community gardens \_\_\_\_\_ Speak to groups \_\_\_\_\_ Computer/Data Entry \_\_\_\_\_

Write articles newsletter/newspaper \_\_\_\_\_ Plant clinics/MG booths \_\_\_\_\_

Educational gardening \_\_\_\_\_ Working with youth/ special groups \_\_\_\_\_

Other (please note) \_\_\_\_\_

**ESSAY:**

The Master Gardener program seeks individuals who have a keen interest in horticulture, the natural world, and our environment; those who are eager to participate in the formal training, and extend their knowledge through outreach in their community. Write a short essay on why you wish to become a Certified Master Gardener. Include how your life experiences may enhance this program, how you see yourself becoming involved in community outreach, and what special qualities you might bring to the program. Please print or type. (250 words or less) Please attach an additional sheet of paper, if necessary.

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**2010 UConn Master Gardener  
CLASS LOCATIONS**

The 2010 Master Gardener Program will be held in five (5) locations throughout the state. **Please choose the region where you would like to take the program, indicating a 1<sup>st</sup> and 2<sup>nd</sup> choice on the lines provided.**

\_\_\_ **North Region**

**Litchfield County Cooperative Extension Center**

843 University Drive, Torrington, CT 06790

- **Wednesday** classes, beginning January 6, 2010

*Coordinators:*

Hartford County – Sarah Bailey (860) 570-9023 Email- [sarah.bailey@uconn.edu](mailto:sarah.bailey@uconn.edu)

Litchfield County – Patricia Eldredge (860) 626-6240 Email- [patricia.eldredge@uconn.edu](mailto:patricia.eldredge@uconn.edu)

\_\_\_ **East Region**

**Tolland County Cooperative Extension Center**

24 Hyde Road Vernon, CT 06066-4599

- **Friday** classes, beginning January 8, 2010

*Coordinators:*

Windham County- Kim Kelly- (860)774-9600 Email- [kimberly.kelly@uconn.edu](mailto:kimberly.kelly@uconn.edu)

Tolland County- Kay Varga– (860) 870-6934 Email- [kay.varga@uconn.edu](mailto:kay.varga@uconn.edu)

\_\_\_ **South Region**

**New London County Extension Center**

562 New London Turnpike, Norwich, CT 06360-6599

- **Tuesday** classes, beginning January 12, 2010

*Coordinators:*

Middlesex County – Victoria McCarthy (860) 345-4511 Email-[victoria.mccarthy@uconn.edu](mailto:victoria.mccarthy@uconn.edu)

New London County– Susan Munger (860) 885-2823 Email- [susan.munger@uconn.edu](mailto:susan.munger@uconn.edu)

\_\_\_ **West Region**

**New Haven Cooperative Extension Center**

305 Skiff Street, North Haven, CT 06473-4451

- **Thursday** classes, beginning January 7, 2010

*Coordinators:*

Fairfield County – Sandi Wilson – (203) 207-3261 Email- [sandra.wilson@uconn.edu](mailto:sandra.wilson@uconn.edu)

New Haven County – Judith Hsiang – (203) 407-3167 Email- [judith.hsiang@uconn.edu](mailto:judith.hsiang@uconn.edu)

\_\_\_ **Southwest Region**

**The Bartlett Arboretum and Gardens**

151 Brookdale Rd. Stamford, CT 06903

- **Monday** classes beginning January 11, 2010 (*To be confirmed*)

*Coordinator:* Regina Campfield - (203)-322-6971 ext.18 [Mastergardener@bartlettarboretum.org](mailto:Mastergardener@bartlettarboretum.org)

Enrollment in the UConn Cooperative Extension System Master Gardener program is limited and competitive. We may conduct telephone or personal interviews.

**Partial Scholarships** for the UConn Master Gardener Program may be available based on financial need. Please check if you would like to receive a scholarship application. \_\_\_\_\_

**APPLICATION SUBMISSION/APPROVAL DEADLINES:**

This application must be returned, postmarked no later than **Friday, October 30, 2009**, to the address listed for the class location of your choice. Only one application per person is permitted. Letters confirming acceptance to the program will be mailed out by **Friday, November 13, 2009**. Those not accepted will also be notified by letter.

For those accepted in the program, your confirmation and check or money order for **\$395.00** will be due, and must be postmarked no later than **Friday November 27, 2009**. DO NOT SEND PAYMENT UNLESS YOU RECEIVE A LETTER OF ACCEPTANCE. No walk-ins accepted.

I acknowledge that I have read and understand all of the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

"An Equal Opportunity Employer and Program Provider" -- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, Stop Code 9410, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964.