Arkansas Master Gardener Award
County Agent of the Year

County __________________________

This award is presented to a county agent that has shown outstanding support of the Master Gardener program in your county.

Name of agent ________________________________

Address ____________________________________________________________________________

City ___________________________           Zip ___________

Phone number ____________________       E-mail ________________________________

Size of program:  50 members or less _____      51 members or more _____

Master Gardener President Signature ________________________________________________

Please submit digital images (maximum of 10) in JPEG format for possible use in a PowerPoint presentation at the awards presentation.

Give a brief description of how the nominee has supported the MG program in your county, including participation at functions, i.e. projects, basic training, meetings, etc.

Please submit your nomination via e-mail to armastergardener@gmail.com by March 28, 2014 to qualify for judging.