



School Master Gardener Program 2017- 2018
“Growing Environmental Youth Leaders”
DeKalb Extension
DeKalb School System



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 *environmentally-conscious 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 schoolyard flora and fauna that provides a foundation for continued learning through volunteer experiences. “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.

Professional Learning Credit: The nine day training is approved for 5 PLU credits. See the Fernbank Science Center website for tentative schedule.

III. TEAM COMMITMENT

Classes: Participants are required to attend **all** classes, taught once per month throughout the school year, 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 and other certified staff) 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, April 20, 2018.
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 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 **May 19, 2017**, at 3:00 pm.

By DeKalb School Courier or mail:

Doug Hamby
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 2017-2018 School Master Gardener Teams. Acceptance letters will be mailed in early June.

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???

Contact: Doug Hamby doug.hamby@fernbank.edu

2017 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, May 19, 2017 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:

Name: _____

Home address: _____

City, State, ZIP: _____

Work Phone: _____

Cell 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?

As a Representative from a school in DeKalb County, I would like to be considered for the 2017-2018 School /Master Gardener Training Program. I understand that this training begins on August 25, 2017 and concludes on April 20, 2018. 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 March 30, 2018. As a Master Gardener, I promise not to use my title for any commercial enterprises or to promote any commercial products.

Signed: _____ **Date:** _____

2. Team Member Application:

Name: _____

Home address: _____

City, State, ZIP: _____

Work Phone: _____

Cell 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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Signed: _____ **Date:** _____

3. Team Member Application:

Name: _____

Home address: _____

City, State, ZIP: _____

Work Phone: _____

Cell 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:** _____

4. Team Member Application:

Name: _____

Home address: _____

City, State, ZIP: _____

Work Phone: _____

Cell 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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Signed: _____ **Date:** _____

5. Team Member Application:

Name: _____

Home address: _____

City, State, ZIP: _____

Work Phone: _____

Cell 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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Signed: _____ **Date:** _____

PARTNERSHIP DEVELOPMENT PLAN
April 20, 2018

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. We encourage each participating school to recruit at **least** 3 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: _____

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: _____

ALTERNATES

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: _____

WRITTEN INFORMATION APPLICATION

Please answer each of the following questions and attach as additional pages. This section (Questions 1-8) should not exceed 4 pages. Please refer to the rubric for additional help when you are answering these questions. Please use Arial 12 font with a one inch margin for this section.

1. What type of outdoor educational space are you planning to develop at your school? Please list specific details about the space you will be developing. Are you expanding an existing garden or are you starting from scratch?
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? Be sure to include not just educational benefits but other intangibles as well.
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. What steps will be taken to ensure the long-term sustainability of your school gardening project and to ensure the success and maintenance of the project over the summer?
8. 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.

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.