



Garden Club of New Jersey Awards Application

Award Number: _____ Award Name: _____

Award for:

(Name of Garden Club/Clubs, District, or Individual)

Name of Club: _____

Date Submitted: _____ Number of Members in Club: _____ District: _____

Club Awards Chair: _____ Address: _____

Phone: _____ E-mail: _____

Club President: _____ Address: _____

Phone: _____ E-mail: _____

Applications must not exceed three pages, one side only, no cover. Mail two applications to GCNJ Awards Chair by February 15. Award application will not be returned. Keep a copy for your files.

Please Complete each topic, if applicable. Use numbering as below when completing application.

1. New Project: Yes No Beginning Date: _____ Completion Date: _____

2. Project title: _____

3. Brief summary and objectives of project. _____

4. Involvement of club members, other organizations, etc. _____

5. Project expenses and means of funding. _____

6. Continuing involvement, follow-up, maintenance. _____

7. Attach or insert photos, landscape plan, and other documentation of choice.