

"Stay on the Leading Edge with AGIA Events"

# Arkansas Green Industry Association Grant Application

Event & Date - PLANTS 2010, January 20-21, Wednesday, Thursday

Location- Hot Springs Convention Center

Amount of Grant - Full Conference Fees

Deadline to Submit – January 14<sup>th</sup>, 2010

- You must be a new business owner (less than three years) OR
- Be a student or recent graduate (graduated in last 2 years) in horticulture or a related and approved field OR hold a certificate from a related vocational or technical school.
- Preference will be given to applicants who are current AGIA members or family members of AGIA members when awarding grants.
- Please print neatly and provide a good contact email and phone number.
- Business owners complete Part 1 & 3, Students Part 2 & 3
- Grant recipients will be contact via phone or email and announcements of recipients will be posted on the web.

### PART 1 - Business Owner

**Applicant Name** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Date Business founded** \_\_\_\_\_

My company is a current member of the AGIA- Yes \_\_\_\_\_ No \_\_\_\_\_ Member since \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

How many employees (regular-full/part time)? \_\_\_\_\_ (seasonal) \_\_\_\_\_

**TYPE OF BUSINESS** Check all categories that apply Retail \_\_\_\_\_ Wholesale \_\_\_\_\_ Grower \_\_\_\_\_ Service \_\_\_\_\_

Chemical Specialist _____	Field Grower _____	Manufacturer _____
Container Grower _____	Interior Plants Maint _____	Supplier-goods _____
Educator _____	Irrigation Specialist _____	Tree Service _____
Equipment Dealer _____	Landscape Architect _____	Turf Spec. _____
Garden Center _____	Landscape Contractor _____	Water Features _____
Government _____	Landscape Design _____	Other _____
Greenhouse Grower _____	Landscape Maint. _____	

### PART 2 – Student or Recent Graduate

**Applicant Name** \_\_\_\_\_

**Current Employer** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**EDUCATIONAL BACKGROUND-** Fill in highest level completed

Vocational/Tech School \_\_\_\_\_ City/ State \_\_\_\_\_

Degree Received/year \_\_\_\_\_

College Name \_\_\_\_\_ Course of Study \_\_\_\_\_

Degree Received/year \_\_\_\_\_

Graduate Studies or other training or education \_\_\_\_\_

**PART 3 – All Complete** - Have you attended any AGIA events? (List event if yes) \_\_\_\_\_

Are you a member of any other Green Industry Professional Group? (List if yes) \_\_\_\_\_

Do you have a family member who is active in the AGIA? (List if yes) \_\_\_\_\_

Return your form via fax (501-224-0988) or email office@argia.org by January 14th. Questions? Call 501-225-0029.

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_