



National Garden Clubs, Inc.
Gardening Study Schools
(Please print or type.)

Name _____
(last name, first name)

Address _____ Phone: _____

_____ Email: _____

Garden Club _____

Course	Series	Location	Date: Last day of course	Grades (3 test scores)
I				
II				
III				
IV				

Approved _____
State GSS Chairman

_____ Date

Approved _____
NGC Accrediting Chairman

_____ Date