



**NATIONAL GARDEN CLUBS, INC.**  
Gardening Study Schools  
(Please print or type.)

Instructor Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Telephone/Email \_\_\_\_\_ / \_\_\_\_\_

Gardening Study School Subject(s) to be taught: \_\_\_\_\_

\_\_\_\_\_

Would you participate in Courses in other states? YES\_\_\_ NO\_\_\_

EDUCATION	College/University	Degree/Field of Study	Year/s
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Teaching Experience YES\_\_\_ NO\_\_\_ \_\_\_\_\_

Lecturing Experience YES\_\_\_ NO\_\_\_ \_\_\_\_\_

Additional Training/Expertise \_\_\_\_\_

Present position \_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State GSS Chairman \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

NGC Accrediting Chairman