

The Garden Club of Georgia, Inc.
Youth Garden Clubs Application for Standard of Excellence

Name of Youth Club _____ District _____

Junior _____ Intermediate _____ Junior /Intermediate _____ High School _____

Number of Members _____
(Indicate type of club and give number of members.)

Sponsoring Club _____

Advisor/Leader's Name _____ Phone _____

Address _____ Email _____

Return completed form to designation GCG State Youth Chairman by August 1st.
Must achieve a minimum of eight (8) of the eleven (11) numbered items.
Additional consideration may be given for any special activities listed.
Check all that apply.

1. ___ Sponsoring club is a member of the Garden Club of Georgia, Inc.
2. ___ Have met requirement for a minimum number of members
3. ___ Have met requirement for a minimum number of meetings
4. ___ Registration form sent & dues paid
5. ___ Has balanced program of instruction in Horticulture, Conservation & Environmental Education, Nature Study, Endangered Species, Flower Arranging, Flower Show Procedure, etc. List program subjects _____
6. ___ Participation in Flower Arranging Workshop in Flower Show
7. ___ Litter Control or Clean-up Activity (Describe) _____
8. ___ Garden Therapy Activity (Describe) _____
9. ___ Arbor Day or other Tree Planting Activity (Describe) _____
10. ___ Other Special Activities (Describe) _____
11. ___ Has applied for State Award (List Name & Number) _____

Use separate sheet or reverse as necessary.

* Youth Forms & Standard of Excellence forms also available on www.uga.edu/gardenclub

* Mail with completed form to your State Youth Garden Clubs Chairman

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