



Hill Country Bloomers Garden Club
2025 EDUCATIONAL GARDEN GRANT APPLICATION

7. Is there a water source near your project?
8. Who is responsible for the completion of the project?
9. How many students/children would be involved in the project?
10. What is the estimated completion date?
11. Which of the following best describes your organization (circle one)
Public School
PTO
Nonprofit Agency
Preschool
Head Start
Child Care/Day Care
Other: _____
12. What is the name, title and contact of the person granting approval from the property?
13. How will the HCB be recognized by your organization for the grant award?
14. If this application is granted, do you agree to send digitally, a short summary and pictures to hillcountrybloomers@gmail.com on or before October 31st, 2025?
Yes
No
15. If this application is granted what organization name should the check be made out to?
(Checks will not be made out to an individual)



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I hereby declare that the information provided on this grant application is true and correct. I also understand that any willful dishonesty may render for refusal of this application.

Signed _____ Email _____

Date _____

Thank you for your application, our organization will contact you with any questions. You will be notified within 30 days if the committee selects your application for a Grant.