



**TARRANT COUNTY MASTER GARDENER ASSOCIATION
SPECIALIST TRAINING TUITION REIMBURSEMENT FORM**

Master Gardener Name: _____

Address: _____

City/County/State/Zip: _____

Phone Number: _____

E-Mail Address: _____

Name of Specialist Class: _____

Class Location: _____

Class Tuition Paid: _____

Class Date: _____

Date Received Certification: _____

I, _____, certify that I have received my Specialist Certification from the Texas Master Gardener Association by completing the Specialist Class listed above and completing the required hours of service commitment. I understand that the reimbursement provided by the Tarrant County Master Gardener Association will be one-half of the tuition paid for the Specialist class listed above.

Class Tuition Amount to be Reimbursed by TCMGA: _____

Specialist's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Scholarship Committee
Chair Signature: _____ Date: _____