CENTRAL ATLANTIC REGION AWARDS APPLICATION 2015-2017 tral Atlantic Region National Garden Award Name:_____Number (if applicable): Submitted by: (Enter name exactly as it should appear on any award received.) Number of Members in club: Name of State Garden Club:______Number in State Garden Club_____ State Awards Chairman: Phone: Email: CAR Awards Chairman: Phone: Email: Application form is limited to three printed pages, front of pages only. (No report cover or binders allowed, no plastic sheets allowed.) Application form will not be returned. (Exceptions: publications (books, CD/DVD). Copy entry for your files. State Awards chairman must send entries (mail or electronically) to CAR Awards Chairman to arrive: 1. January 15 - National Awards with Regional Winners 2. January 1 - National Youth Awards with Regional Winners 3. February 1 - Awrds of Honor 4. February 23 - Publicity/PressBooks 5. April 1 - All other award applications To: Bette Lewis, 1915 Blackbriar Street, Silver Spring, MD 20903-1201, 301-439-9453, blewismlk@aol.com PLEASE complete each topic, if applicable. Use numbering as below when completing form. 1. New Project: Yes No Beginning date: Completion date: 2. Brief summary and objectives of project 3. Involvement of club members, other organizations, etc. 4. Project expenses and means of funding 5. Continuing involvement, follow-up, maintenance

6. Attach or insert photos, digital photos and/or landscape plan (does not need to be professionally drawn.)