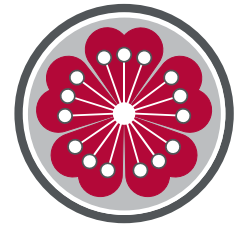


WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR
Description, Criteria, and Eligibility



Award Description:

The WSU Extension Master Gardener of the Year award recognizes an active WSU Extension Master Gardener Volunteer who has demonstrated their commitment to the Extension Master Gardener Program by providing leadership at the state and county levels, has had significant statewide or broader impact on the EMG program, and has made a lasting contribution to the Extension Master Gardener Program.

Award Criteria

1. Nominee demonstrates commitment by devoting time and energy to the nine priorities (<https://mastergardener.wsu.edu/priorities>), meeting or exceeding all volunteer hour requirements with personal ability and skill.
2. Nominee has been an active Extension Master Gardener developing, mentoring, instigating and supporting programs, projects and special events in the WSU Master Gardener's state and county program.
3. Nominee has held leadership roles in the Extension Master Gardener Program (state and county program) e.g. as a foundation board member, committee chairperson and/or leader of educational projects, classes or events.
4. Nominee has held/holds teaching positions in the community, demonstration gardens, and EMG training classes.
5. Nominee has contributed a legacy that is a lasting contribution to the Extension Master Gardener Program in the state and county.

Eligibility:

The nominee must be an active Extension Master Gardener. Nominations will be accepted from any county Extension Master Gardener Program in Washington state.



WASHINGTON STATE UNIVERSITY
EXTENSION

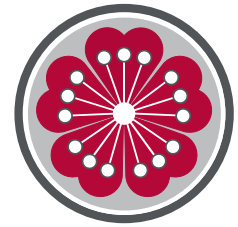


MASTER GARDENER
FOUNDATION
OF WASHINGTON STATE

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

Nomination Submission Form



Nominee

First Name:

Last Name:

County:

Email:

Phone:

Year of EMG certification:

Is nominee aware of nomination?

Yes

No

In consideration of the criteria 1-5 above please respond to the statements below accordingly.

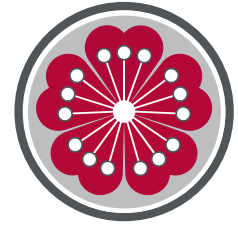
Information may be submitted on this form or on a separate document. However, it must follow the numbered format below. Please do not exceed the size of each text box when answering each question.

Attach a high-quality head and shoulder photo (2MG) of the nominee.

1. Please describe how your nominee devotes their time and energy to the Extension Master Gardener program.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

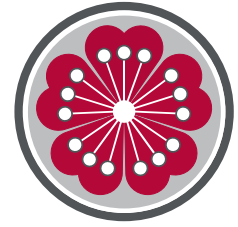
Nomination Submission Form



2. Please describe how the nominee has been active developing, mentoring, initiating and supporting programs, projects and special events in the WSU Master Gardener's state and county program.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

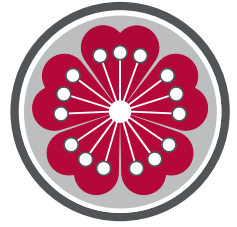
Nomination Submission Form



3. Please describe leadership roles held in the Extension Master Gardener Program e.g. as a foundation board member, committee chairperson and/or leader of educational projects, classes or events.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

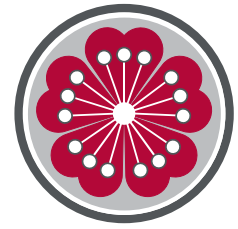
Nomination Submission Form



4. Please describe teaching positions held in the community, demonstration gardens, and EMG training classes.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

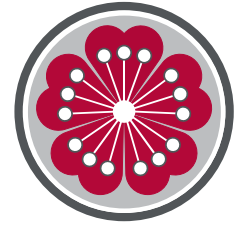
Nomination Submission Form



5. Please describe how nominee has contributed to a legacy that is a lasting contribution to the Extension Master Gardener Program in the state and county.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

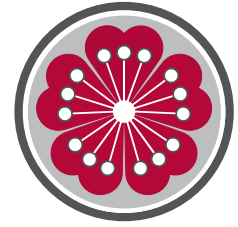
Nomination Submission Form



6. Using the information above explain why this nominee should represent Washington State as the Extension Master Gardener of the Year.

**WASHINGTON STATE UNIVERSITY EXTENSION
MASTER GARDENER OF THE YEAR**

Nomination Submission Form



Declarations:

Nominator's First Name:

Last Name:

WSU Master Gardener Program affiliation:

Award year

I certify the above and attached information to be true and correct. I represent WSU Extension County in making this nomination for WSU Extension Master Gardener of the Year.

Signature:

Date:

Phone:

E-mail:

Submission:

Please return this application by email to the MGFWS Awards Committee by July 21, 2026. Email completed nomination form to: AwardsCommittee@wsumastergardeners.org