

# Certificate in Native Plants

## Participant Application Form



State Botanical Garden of Georgia  
UNIVERSITY OF GEORGIA

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Once your project is approved, please email Sean Cameron ([cscameron@uga.edu](mailto:cscameron@uga.edu)) with the dates and actual hours worked on the project.

Point of Interest (check all that apply):

Student  
    UGA Major: \_\_\_\_\_  
    Non-UGA School and Major: \_\_\_\_\_  
 Working in field  
    Type of work: \_\_\_\_\_  
 Personal Interest  
 Retired

Age:	Race/Ethnicity:	Gender:
<input type="checkbox"/> Under 18	<input type="checkbox"/> White	<input type="checkbox"/> Female
<input type="checkbox"/> 18 - 24	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Male
<input type="checkbox"/> 25 - 35	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other
<input type="checkbox"/> 35 - 45	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> 45 - 55	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> 55 +	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Other	

Please rate your botanical literacy: (5: high, 1: low)    **5**    **4**    **3**    **2**    **1**

Is this your first activity or program at the State Botanical Garden of Georgia?

**Yes**  
 **No**      What other programs have you participated in?

What do you hope to gain from the Certificate in Native Plants program?

How do you hope to use the information in these courses to impact your life? Community?

Where did you hear about the Certificate in Native Plants program?

What percentage of your plant purchases would you estimate is composed of native plants?