

WASHINGTON STATE UNIVERSITY



SNOHOMISH COUNTY EXTENSION

WSU Horticulture Professional Training

WSU Extension will select students for the 2010 course based on information provided in this application. Please complete it as thoroughly as possible in the space provided. Return it with a legal-size, self-addressed envelope by 5PM ~~October 30~~, 2009, to 600 128th Street SW, Everett WA 98208. **Please send the course fee of \$500 with the application.** Make checks payable to *WSU Snohomish County Extension*.

PLEASE PRINT OR TYPE:

Legal Name _____

I prefer the nickname _____ Home Phone (____) _____

Mailing Address _____

City, State Zip _____

Work/Day Phone (____) _____ Best time to reach me _____

Fax (____) _____ e-mail address _____

Why do you want to earn Horticulture Professional Certification?

TRAINING / EDUCATION: *Please check level(s) you have completed.*

High School/GED ___ Years of College Continuing Education/Other Studies

Please list degrees and major area(s) of study

WORK STATUS: *Please indicate your expected work status for the coming year.*

Not working outside the home Full time Part time Shift work Self-employed
 Student Retired Will be seeking work

WORK EXPERIENCE: *List most recent work experience. If retired, list position prior to retirement.*

Employer

Position

Year(s)

How did you hear about Hort Pro? _____

Are you familiar with other Extension programs? Yes No

Horticulture Professional Training Sessions are held every **Thursday, Jan. 7** through **March 18** and one **Saturday, February 20st**, in the WSU Extension Education Building. Each day starts at **8:30 am** and ends at **4 pm**. Can you attend all the classes? Yes No If no, which class day will you miss? _____

While we prefer that you attend all of the training, you may miss one day and still be certified. You will take an exam on March 19th. Questions will be drawn from the weekly open-book quizzes, so it will not be difficult if you do those. A passing grade is required for certification.

Date of birth: _____

I understand that:

1. I must attend at least 19 of the 21 class sessions to be certified. (Generally, two 3-hour sessions will be scheduled each class day.)
2. I must pass the written examination at the end of the course to be certified.
3. My \$500 fee is non-refundable, should I decide to drop the course for any reason.

Signature _____

Date _____

**We suggest you make a copy of this application for your own records.*

**Selection will be based on applications received by October 1, 2009.*

**You will be notified of your selection status by November 1.*

No information about selection status will be available before Nov.1.

Please return the completed application form along with a legal-size, self-addressed, envelope to:

Jan Rainsberger
WSU Extension Coordinator

Sharon J. Collman
WSU Extension Agent

600 128th St. SE
Everett, WA 98208

Extend to November 30th