



**California Arbor Week
Celebration Program
Application 2017**



Organization Name: _____

Project Manager Name: _____

Title: _____

Address: _____

City: _____ **Zip** _____

Email: _____

Telephone Number: Office: _____ **Cell:** _____

Stipend Amount Requested (\$1,000 - \$3,000) \$ _____

Date of Arbor Week Event* related to the stipend: _____

Number of trees to be planted: _____

Number of trees to be cared for / stewarded: _____

Number of 4th Graders to be engaged in "Every Kid in A Park" activity: _____

Summary of the Event Activities and how the stipend will be used:

Application Deadline: March 3rd, 2017

Email Application PDF to: Chuck Mills (cmills@CaliforniaReLeaf.org)

Questions: Call Chuck at (916) 497-0035

*All Organizations receiving an Arbor Week stipend must register their Arbor Week event at www.arborweek.org/events. **Event can be any time between March 7th and May 15th, 2017.**