



MONMOUTH COUNTY SHADE TREE DIVISION ARBOR DAY TREE REQUEST APPLICATION

The Monmouth County Board of Chosen Freeholders selects three (3) schools to participate the County's annual Arbor Day Celebration. If your school is selected, the County's Shade Tree Division will prepare and plant a tree at your school as part of your Arbor Day program.

To be considered, this application must be submitted by the filing deadline, the school must have an Arbor Day program and a viable tree planting location. If your school is selected, the County Shade Tree staff will help you select the appropriate type of tree for the school property and pre-plant the tree. On Arbor Day, your students can complete the tree planting with the assistance of a County Freeholder. To commemorate the event, the Freeholder will present the school with a framed Arbor Day proclamation and provide tree saplings for each participating student to take home. Other County staff and local media may attend as well. Photos will be taken. Submitting the application does not guarantee that your school will be selected to receive a tree.

DEADLINE: Friday, March 24, 2017

Email to: Anita.Velardo@co.monmouth.nj.us

SCHOOL NAME: _____

GRADE: _____

ADDRESS: _____

STREET: _____

CITY: _____

ZIP: _____

Type of School: PUBLIC PRIVATE COUNTY SCHOOL

APPLICATION QUESTIONS: (PLEASE CIRCLE RESPONSE)

1. Will the Monmouth County Shade Tree Division be permitted to access the school grounds to pre-plant the tree? **YES NO**
2. Does you school district have staff who will be able to maintain the tree including regular watering as required? **YES NO**
3. Will the school have an Arbor Day program to plant the tree, celebrate Arbor Day and the Environment? **YES NO**
4. Please provide a total number of students that will participate (for the tree sapling distribution):
IF SELECTED THE COUNTY WILL REQUIRE A COPY OF YOUR PROGRAM AND SCHEDULE WITH TIMES
5. Will the Arbor Day program occur outside? **YES NO**
6. Will there be seating for the students, teachers, parents, participants and dignitaries? **YES NO**
7. PLEASE Indicate your 1st, 2nd and 3rd time preference for the Arbor Day program (If no time slot fits your school day please select the one nearest to your schedule, Shade Tree will coordinate unique times, if possible.:
9. a.m.: 1st 2nd 3rd **11 a.m.:** 1st 2nd 3rd **1 p.m.:** 1st 2nd 3rd

SCHOOL ADMINISTRATION

PRINCIPAL (NAME): _____ Email: _____

VICE PRINCIPAL (NAME): _____ Email: _____

School phone number: _____

SCHOOL ORGANIZATION (GREEN TEAM, PTA, PTO, etc.)

NAME: _____

SCHOOL CONTACT PERSON

NAME: _____

TITLE: _____

CELL PHONE: _____

PHONE NUMBERS AND INFORMATION WILL ONLY BE USED TO CONTACT AND COORDINATE ARBOR DAY TREE PLANTING. THE SCHOOL WILL BE CONTACTED AFTER IT HAS BEEN SELECTED FOR THE ARBOR DAY TREE.

SHADE TREE USE ONLY

Date Received: _____