

**HERB SOCIETY OF AMERICA-WISCONSIN UNIT
SCHOLARSHIP APPLICATION
WAUKESHA COUNTY TECHNICAL COLLEGE**

Name: _____

Deadline Date: **Friday, May 24, 2024**

The completed form should be returned to the address below:

Herb Society of America-Wisconsin Unit
% Lore Borth, Chair
Scholarship Committee
2866 N. Summit Avenue
Milwaukee, WI 53211

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Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Landline: _____ E-mail Address: _____

Student ID: _____

What program are you currently enrolled in at WCTC? _____

Number of credits completed to date: _____ Semester: __1__2__3__4 GPA: _____

College and/or Community Involvement: Please describe your college and/or community involvement. List organizations, clubs, etc., in which you have been active, held office, volunteered, or from which you received awards or honors.

Name of organization: _____ Dates: from _____ to _____

Details: _____

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Details: _____

Career Goals:

Please define your career goals, and steps you are taking to reach your goals:

How will the scholarship assist you in meeting your goals? Describe any special circumstances that you feel are relevant to your scholarship request:

Employment History:

What employment experiences have you had during the past several years? Please begin with your most recent job.

Name of employer: _____ from _____ to _____

Hours/Week: _____ Position: _____

Duties: _____

Name of employer: _____ from _____ to _____

Hours/Week: _____ Position: _____

Duties: _____

References:

Please list the names, titles and phone numbers of two non-family individuals as references.

Name: _____ Title: _____ Telephone Number: _____

Name: _____ Title: _____ Telephone Number: _____

Other:

If you use, or plan to use, herbs in your baking and/or cooking, please provide the Scholarship Committee with some details. If you garden, please describe your gardening experience.

Please provide any other information that you think is relevant in helping the Scholarship Committee of the Herb Society of America-Wisconsin Unit determine your qualifications:

I hereby authorize the release of all information pertaining to my scholarship application by Waukesha County Technical College (including my GPA) to any organization legitimately wishing to consider me as a scholarship recipient. I also certify that the information that I have submitted is true. I understand that the falsification of information may result in the loss or forfeiture of any scholarship funds.

Signature _____

Date _____