



THE HERB SOCIETY OF AMERICA-WISCONSIN UNIT
2026 SCHOLARSHIP APPLICATION

WAUKESHA COUNTY TECHNICAL COLLEGE

Due: Monday, June 1, 2026

Applicant Name: _____ Student ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Program currently enrolled in at MATC: _____

Number of credits completed to date: _____ Semester: ___1___2___3___4 GPA: _____

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

Organization Name: _____

Dates: From _____ to: _____

Details:

Organization Name: _____

Dates: From _____ to: _____

Details:

Career Goals: Define your career goals and steps you are taking to reach those goals:

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

Employment History: Experiences you have had in the past several years; begin with your most recent job.

Dates: From _____ to: _____

Employer: _____ Position: _____

Duties:

Employment Continued

Dates: From _____ to: _____

Employer: _____ Position: _____

Duties:

Please attach additional pages if needed.

References: List two non-family individuals.

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

Other:

If you use, or plan to use, herbs in your baking/cooking, please provide some details.

If you garden, describe your gardening experience.

Please provide any other information that you think is relevant to assist the Scholarship Committee in determining your qualifications:

I hereby authorize Milwaukee Area Technical College to release any and all records, including GPA, to The Herb Society of America-Wisconsin Unit for the purpose of assessing my eligibility for and administering their scholarship award. I also certify that the information I have submitted is true and falsification of information may result in the loss or forfeiture of any scholarship funds.

Signature _____ Date _____

**Return Completed Application by Monday, June 1, 2026, to:
The Herb Society of America-Wisconsin Unit
c/o Lore Borth, Scholarship Chair
2866 North Summit Avenue
Milwaukee, WI 53211**