



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 WCTC: \_\_\_\_\_

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**