



**HERB SOCIETY OF
AMERICA-WISCONSIN UNIT
SCHOLARSHIP**

The Herb Society of America – Wisconsin Unit is offering a \$1,000 scholarship for the 2019 fall semester.

REQUIREMENTS:

- Student must be enrolled in the WCTC's School of Business Culinary Management or Baking and Pastry Management associate degree programs.
- Student must have completed 15 credits in either of these degree programs at time of scholarship application.
- Student must have a 3.0 grade point average.
- Student must have "hands on" culinary or baking/pastry experience either as a volunteer or as a paid employee.
- The scholarship money must be used for tuition and may not be used for paying off student loans, the purchase of equipment or off-campus courses.

The scholarship recipient must agree to speak to the Unit members (5-10 minutes) at the Unit's January 21, 2020 meeting at 11 a.m.

The scholarship recipient may be asked to volunteer at the Herb Fair at Boerner Botanical Gardens on Saturday, May 16, 2020 from 9 a.m. to 3 p.m. The Herb Fair is sponsored by the Herb Society of America-Wisconsin Unit.

Please find application form below.

DEADLINE: MAY 17, 2019

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

Name: _____

Deadline Date: **May 17, 2019**

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

It can also be scanned and e-mailed to borthlore@att.net

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

Student ID: _____

What program are you currently enrolled in at WCTC? _____

Number of credits completed to date: _____ Semester __1__2__3__4

College and/or Community Involvement: Please describe your college and/or community involvement below, listing 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:

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: _____

Name of employer: _____ from _____ to _____

Hours/Week: _____ Position: _____

References:

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

Name _____ Title _____ Telephone Number: _____

Name _____ Title _____ Telephone Number: _____

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 for this scholarship:

I hereby authorize the release of all information pertaining to my scholarship application by Waukesha Area Technical College (including my GPA) to the Herb Society of America-Wisconsin Unit. 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 granted.

Signature

Date