



APPLICATION FORM – 2026 WISCONSIN HONEY QUEEN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DATE OF BIRTH: _____

CELL PHONE: _____ E-MAIL: _____

FATHER'S NAME: _____ ADDRESS: _____

MOTHER'S NAME: _____ ADDRESS: _____

SCHOOL CURRENTLY ATTENDING (IF APPLICABLE), AREA OF STUDY, AND YEAR IN SCHOOL:

HIGH SCHOOL FROM WHICH YOU GRADUATED AND YEAR OF GRADUATION:

LIST ACTIVITIES AND HOBBIES: _____

EMPLOYMENT HISTORY (LAST THREE EMPLOYERS)

| | |
|----------------------|--|
| Employer: | |
| City/State: | |
| Dates of Employment: | |
| Duties: | |
| Reason for Leaving: | |

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|-----------------------------|--|
| | |
| Employer: | |
| City/State: | |
| Dates of Employment: | |
| Duties: | |
| Reason for Leaving: | |
| | |
| Employer: | |
| City/State: | |
| Dates of Employment: | |
| Duties: | |
| Reason for Leaving: | |

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a position with the Wisconsin Honey Producers Association.

SIGNATURE: _____ **DATE:** _____

AS PART OF THE APPLICATION, INCLUDE:

- 1. Completed Application**
- 2. Digital photo for program book**
- 3. A short autobiography**
- 4. 300 word essay on honey, typed and double spaced. It can be on any topic related to honey**

Please send completed application to
Wisconsin Honey Queen Program
Danielle Dale
1128 14th Avenue
Green Bay, WI 54304

920.530.7634
wihoneyqueenprogram@gmail.com