APPLICATION FORM
2027 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:	
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 (headshot, senior photo, etc.) for program book
3. A short autobiography
4. A 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
Attn: Danielle Dale
1128 14th Avenue
Green Bay, WI 54304

920.530.7634
wihoneyqueenprogram@gmail.com