

## YOUTH BEEKEEPING SCHOLARSHIP PROGRAM APPLICATION/AGREEMENT

### OBJECTIVE

- To educate youth in the art of beekeeping to promote a better understanding of the value of honeybees to our environment and to the food chain.
- To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
- To provide an avenue for youth to engage in an a vocation and gain the potential to pursue beekeeping as a sideline or full time vocation.

### THE AWARD

- A one year membership in the Joplin Area Beekeepers Association.
- A beginning beekeeper seminar registration and textbook.
- Woodenware consisting of: standard hive body; super box; frames and foundation; bottom board; top cover
- A nuc or package of bees for the hive.
- Beekeeping gear: hat; veil; gloves; hive tool and bee smoker.
- Mentoring by JABA membership for one year including assistance in extracting the first year's honey crop.

### ELIGIBILITY

- The applicant must be ages of 12 through 17 by January 1 of the year applied for.
- The applicant must be a resident within a 60 mile radius of Joplin, Missouri.
- The applicant must be currently enrolled in public, private, or be home schooled.
- The applicant must have permission and agreement from parent or guardian.
- The application must be submitted to the Joplin Area Beekeepers Association no later than March 1, of the application year.

### PROGRAM COMMITTEE

- Finalists will be selected by the Youth Program Committee consisting of the President and three other JABA members.
- The Program Committee will arrange an interview with finalists and parents/guardian.
- The Scholarship will be awarded to the applicant selected by the Program Committee and presented at the March meeting

APPLICATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/St \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Summarize your involvement in school, community, church, and other youth or civic organizations:

\_\_\_\_\_

Is there any family member who is a beekeeper? Yes \_\_\_ No \_\_\_

If yes, what is the relationship and where do they live? \_\_\_\_\_

Write an essay of 250 words or more on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship. (Attach a separate sheet for your essay.)

Parent or Guardian:

Do you feel your child can benefit from this program? \_\_\_\_\_

Do you feel you can support and encourage your child in this effort? \_\_\_\_\_

Does any member of your immediate family have bees? \_\_\_\_\_

TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive the items listed above under section "THE AWARD." Any additional equipment will be at the expense of the scholarship recipient.

The recipient will also receive the additional benefit of the right to participate in the Associations monthly meeting. A Certificate of Completion and full ownership of the colony and the equipment will be presented at the January meeting if the scholarship recipient has met all requirements.

The recipient will be expected to

- Attend a beginning beekeeper class and field day with a parent or guardian that will be taken into consideration for awarding sponsorship.
- Present a short progress report of the activities to date.
- The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports.
- Give a final report to be presented at the January meeting of the following year.

#### WAIVER/BINDER

We understand that neither JABA nor any of the Association members are liable for any accidents or injuries which may occur while my child, is working with the aforementioned bees and equipment.

We/I also understand the bee colony and equipment remain the property of JABA, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period without the written consent of JABA.

In the event that loses interest or can no longer pursue the beekeeping project, JABA shall be notified and the equipment and colony of bees will be returned to JABA. Upon successful completion of the qualifying term, and the satisfaction of stated conditions, the Recipient will be presented a Certificate of Completion of the program and ownership of the beehive and related equipment will be transferred to recipient.

#### PARENTAL CONSENT

I am the above named applicant's parent or guardian. He/She is not known to be allergic to bee stings and has my consent to accept this scholarship if chosen. Furthermore, I agree that by signing this waiver I relieve JABA and their members from any and all liability for any accidents, mishaps or other occurrences, which may happen in the pursuit of this project. By filling out and submitting this form, I understand that I am fully agreeing to all Terms and Conditions set forth herein.

Parent/Guardian \_\_\_\_\_

Applicant \_\_\_\_\_

Scholarship Committee Chair \_\_\_\_\_

Association President \_\_\_\_\_

Bring application to a monthly JABA meeting before March 1st

See web site: <http://www.joplinareabeekeepers.com> or Join our Facebook Page : Joplin Area Beekeepers Assoc.