



**Midwestern Beekeepers Association (MBA)
YOUTH SCHOLARSHIP PROGRAM
APPLICATION / AGREEMENT**

OBJECTIVES

- To educate youth in the art of beekeeping and 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 avocation and gain the potential to pursue beekeeping as a sideline or a full-time vocation.

THE AWARDS

The Youth Scholarship Award

- A two-year MBA membership.
- A beginning beekeeper seminar and textbook
- A complete set of woodenware for a beehive.
- A nucleus colony or package of bees for the hive.
- Basic beekeeping gear: hat, veil, gloves, hive tool, and bee smoker.
- Mentoring by a MBA member for one year.

The Apis Award

- A MBA membership.
- A beginning beekeeper seminar and textbook
- Mentorship sessions in an apiary with a beekeeper

ELIGIBILITY

The applicant must:

- Be between the ages of **10** and **18** by **February 1st** of the **Award Year**.
- Be a resident of Missouri.
- Be currently enrolled in public, private, or home school.
- Have permission to apply from a parent or guardian.
- Have no immediate family members that are currently beekeepers.
- Submit application (**postmarked**) to Midwestern Beekeepers Association by November 30, 2017

SELECTION PROCESS

- The Midwestern Beekeepers Association Youth Program Committee may arrange an interview with finalists and their parents or guardian.
- The Scholarship Committee Chair will award the scholarship and notify the applicant(s) after the MBA January General Meeting of the **Award Year**.



TERMS AND CONDITIONS OF AGREEMENT:

The recipient of ***The Youth Scholarship Award*** will receive the following:

- Woodenware consisting of two standard hive bodies with frames and foundation
- Bottom board, top cover, inner cover
- Two honey supers
- Queen excluder
- Feeder
- Nucleus or package of bees with queen
- Beginner's equipment to start the beekeeping project (veil/protective clothing, smoker, hive tool, bee brush)
- Beekeeping text and instruction notebook.

The recipient will also receive the additional benefits:

- A two-year MBA membership
- Mentoring by a MBA member throughout the year
- MBA assistance in extracting the first year's honey crop
- MBA beginning beekeepers workshop

The recipient *The Youth Scholarship Award* will:

- Keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress of beekeeping experiences
- Complete two service projects during the year. Service projects may include activities such as speaking to a school class or a meeting of a youth civic organization (4-H or Scouts)
- Attend at least nine MBA club meetings
- Present a final report of activities and progress including service projects and beekeeping records
- Provide at least one State Fair entry

Note: Parents are expected to attend all activities with the student scholar.

Upon conclusion of the beekeeping year, if the scholarship recipient has met all requirements, the MBA President will present her/him a **Certificate of Ownership** and full ownership of the colony and equipment. If, at anytime during the beekeeping year, the youth scholarship recipient has neglected to care for the bees, no longer wishes to continue in beekeeping, or has failed to meet the end of year requirements, the scholarship mentor will take custody of the hive (including bees) and all related equipment. In coordination with MBA, the scholarship mentor will move the hive.

Please attach to application a **letter of reference** from teacher, community leader, or another organization leader (4-H, FFA, Boy Scouts, or Girl Scouts).

Name of person providing reference:

Name of School _____ Grade _____

Do you know a beekeeper? Yes / No

If yes, name and address: _____ Phone _____

How did you learn of the scholarship program?

If you are awarded ***The Youth Scholarship Award***, what is the “planned address” for the location of the hive?
Hive Address:

Bee Suit Measurements:

Height _____ Weight _____ Shirt size _____ Pant Size _____

CHECK LIST:

- Full Application
- Reference
- Signatures / Waiver
- Notary
- Self-addressed stamped envelope

Mail completed and **NOTARIZED** application, letter of recommendation, and a self addressed and stamped envelope to:

Nita Dietz
14500 East 37th Street South
Independence MO 64055
(785) 304-5905

WAIVER / BINDER

We/I understand that honey bees are unpredictable and that the applicant, participating parent or guardian, and observers risk being stung by the bees. All medical treatment is the responsibility of the applicant’s parents or guardian. Special risks, including death, from allergic reaction to bee venom, are inherent for (a) persons allergic to bee stings and (b) those who do not know whether they are allergic to bee stings, when those persons practice beekeeping, and although protective gear is being provided to the applicant, it is not a guarantee against being stung.

We/I understand that by signing this waiver I am releasing the Midwestern Beekeepers Association, its board members and officers, the beekeeping mentor and all other MBA members from any liability for all claims for damages and losses of any kind, including those arising from any accidents or mishaps which may occur to the applicant and/or the participating parent in the pursuit of this project.

We/I also understand the bee colony and equipment will be located on **owned property** of the **participating parent or guardian** and will remain the property of the MBA and cannot be sold, given away or destroyed during the qualifying period without the written consent of the same.

In the event that the applicant loses interest or can no longer pursue the beekeeping project, MBA will be notified and the equipment and bee colony will be returned to the same.

Upon successful completion of the qualifying term and the satisfaction of stated conditions, the recipient will be presented a *Certificate of Ownership* upon such completion of the program and receive ownership of the beehive and related equipment.

PARENTAL CONSENT

I _____ am (applicant) _____ parent or guardian. She/he is not known to be allergic to bee stings and has my permission to accept this scholarship if chosen.

Parent/Guardian: What do you feel the applicant can gain from this program? _____

Do you feel you can support and encourage the applicant in this effort? _____

Does anyone in your immediate family have bees? _____ If so, who? _____

Signatures below indicate agreement with the above terms and requirements.

SIGNATURES

Applicant Date Parent/Guardian Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ in the year _____.

Notary Public