

# 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 a vocation and gain the potential to pursue beekeeping as a sideline or a full-time vocation.

### THE AWARDS

#### The Apis Award

- A Midwestern Beekeepers Association one-year membership.
- A beginning beekeeper seminar and textbook (**February** or **March**)
- Mentorship sessions in an apiary with a beekeeper

#### The Youth Scholarship Award :

##### Year One:

- Protective clothing: hat, veil and gloves.
- A beginning beekeeper seminar and textbook (**February** or **March**)
- Three apiary visits with MBA beekeepers during the first year
- A Midwestern Beekeepers Association annual membership

##### Year Two

- A complete set of woodenware for a beehive.
- A nucleus colony or package of bees for the hive.
- Basic beekeeping gear: hive tool, bee brush and bee smoker.
- A beginning beekeeper seminar and textbook (**February** or **March**)
- Mentoring by a Midwestern Beekeepers Association member until completion.
- A Midwestern Beekeepers Association annual membership.

### 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 no later than October **31st** the year before the **Award Year** (unless previously agreed)

## 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 January General Meeting of the Award Year.

### **Midwestern Beekeepers Association YOUTH SCHOLARSHIP PROGRAM 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:

- Midwestern Beekeepers Association membership for 2 years
- Mentoring by a Midwestern Beekeepers Association member until completion
- MBA assistance in extracting honey crop
- Beginning beekeeper workshops

**The recipient The Youth Scholarship Award will:**

Agree to a two-year commitment from the Youth Scholarship Recipient and Parent/Guardian (Commitment begins in January) Note: Parent/Guardian is expected to attend all activities with the student scholar.

Attend the Midwestern Beginning Beekeepers Workshops (1<sup>st</sup> year student and parent are responsible for lunch cost 2<sup>nd</sup> year no charge)

Visit three MBA beekeepers (current members) during the first year and ask each beekeeper at least five questions and turn in a summary to the YS Chairperson of what they learned from those beekeepers at the Dec meeting of the first year

Attend MBA monthly meetings to help with set up/take down, registration table and tell a fun fact about honey bees. (Must attend 9/12 meeting and be recommended by the board to progress to the 2<sup>nd</sup> year.)

- Keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress of beekeeping experiences.
- Complete two service projects. Service projects may include activities such as speaking to a school class or a meeting of a youth civic organization (4-H or Scouts).
- Present a final report of activities and progress including service projects and beekeeping records

- Provide at least one State Fair entry related to honey or honey bees (honey, photo contest, gift basket, informative poster, etc.—ask for suggestions)
- Study the material provided in order to become an informed beekeeper and pass the required exam.
- Optional: Other optional opportunities to volunteer include but are not limited to: State Fair, American Royal.
- Upon conclusion of the 2nd beekeeping year, if the scholarship recipient has met all requirements, the MBA President or Youth Scholarship Chairperson will present her/him a **Certificate of Ownership** and full ownership of the colony and equipment.
- If, at any time 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 \_\_\_\_\_

#### SIGNATURES

\_\_\_\_\_  
Applicant Date

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

#### CHECK LIST:

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

**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? \_\_\_\_\_

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

Signatures below indicate agreement with the above terms and requirements.

**SIGNATURES**

\_\_\_\_\_  
Applicant (18 years of age only)                      Date    Parent/Guardian    Date

NOTARY PUBLIC: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Roger Wood  
708 N Frandsen Rd. Apt B,  
Independence, MO 64050  
816.645.2603**

(Please call or write if you have questions)