

# THE JIM BACH MEMORIAL YOUTH BEEKEEPING SCHOLARSHIP PROGRAM APPLICATION



2018

Central Washington Beekeepers Association

# The Jim Bach Memorial Youth Beekeeping Scholarship Program Application

## CENTRAL WASHINGTON BEEKEEPERS ASSOCIATION

### PROGRAM PURPOSE

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

### THE AWARD

1. A one-year membership in the Central Washington Beekeepers association
2. A beginning beekeeping seminar registration and textbook.
3. A set of woodenware for a beehive – Two deeps or three mediums, with frames and foundation, bottom board, inner cover, and telescoping top cover.
4. A nucleus colony or 3lb package of bees for the hive.
5. Beekeeping gear: Hat and veil, gloves, hive tool and bee smoker.
6. Mentoring by one or more CWBA member(s) for one year.

### ELIGIBILITY

1. The applicant must be between the ages of 12 and 17 by December 1st of the current year.
2. The applicant must be a resident of Yakima County.
3. The applicant must be currently enrolled in public, private or home school.
4. The applicant must have written permission and agreement from parent(s) or guardian.
5. The scholarship application must be submitted to the Central Washington Beekeepers association (CWBA) no later than December 1<sup>st</sup> of the current year.
6. The applicant must submit a one-page essay on why we need honeybees and why they want to become a beekeeper. The essay must be submitted with the application.

## PROGRAM COMMITTEE

1. The Youth Program Committee will select a finalist (Committee members: Association President, Vice President, and one association member).
2. The Youth Program Committee will arrange an interview with one finalist and their parent or guardian.
3. The scholarship will be awarded to the applicant, selected by the committee and will be presented at the CWBA's January meeting.
4. The Youth Program Committee mentor(s) will do the following:
  - a. Verify the potential location of the hive to make sure it is in a safe location for the surrounding people and animals.
  - b. Verify that the direction of bee flight is away from neighboring dwellings, or Bee flight will be directed by trees, shrubs and/or fences to be at least 12 feet above the ground at the site's closest legal boundary.
  - c. Ensure the bee hive and equipment management will prevent other bees from robbing open or stored combs.
  - d. Recommend Queen, replacement if the bees are undesirably "mean or hostile" during colony manipulations.
  - e. Ensure adequate, number of supers are added to the hive to discourage crowding and the resulting swarming.
  - f. Ensure that the colony has adequate stores of pollen and honey comb for colony build up and maintenance.
  - g. Ensure that there are constant supplies of water for the bees within 100 feet of the sides of the hive(s) if there are no natural constant sources, to discourage the bee use of irrigation systems that will likely present an agricultural pesticide environment.
  - h. Coach the youth in desirable equipment purchase and assembly.
  - i. Aid the youth in the extraction of their first honey crop.
  - j. Coach the youth towards successful bee colony management to ensure their success.

### **CWBA SCHOLARSHIP TERMS AND CONDITIONS AGREEMENT:**

The recipient of the scholarship will receive woodenware consisting of a standard 10-frame hive consisting of two deep hive bodies (or 3 Medium bodies) with frames and foundation, bottom board, inner cover, telescoping top cover, a nucleus colony or a package of honey bees with Queen, and the necessary beginner's safety equipment to start the beekeeping project.

The recipient will also receive the additional benefit of:

1. A one year membership to the CWBA.
2. Will be able to participate in the Association monthly meetings.
3. Registration in the Beginning Beekeeper Seminar.
4. Mentoring by one or more CWBA member(s) throughout the year.
5. Will receive association assistance in extracting the first year's honey crop.

The recipient will be expected to attend at least 50% of the meetings between the January and the December meetings and to present a short report of their activities to date. The recipient will keep written records complete with dates, pertinent data sufficient to substantiate all progress reports, and optional photos. A final report will be presented at the December meeting.

He/She will attend and complete the Beginner's Beekeeping Seminar with a passing score.

A Certificate of Completion including conditional ownership of the colony and the equipment will be presented at the December meeting if the Scholarship recipient has met all requirements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

CWBA President: \_\_\_\_\_ Date: \_\_\_\_\_

**By filling out and submitting this form, either electronically or otherwise, I understand that I am fully agreeing to all terms and conditions set forth herein.**

**WAIVER/BINDER:**

We/I understand that neither CWBA 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 CWBA, and **cannot be sold, given away, transferred in any manner or destroyed** during the qualifying period without the written consent of CWBA.

In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, CWBA shall be notified and the original equipment and colony of bees will be returned to CWBA. CWBA may decide to purchase any equipment beyond the original provided hive equipment.

Upon successful completion of the qualifying terms, and the satisfaction of stated conditions, the Recipient will be presented a Certificate of Completion of the program, and the ownership of the bee hive and related equipment will be transferred to the recipient.

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Parent/Guardian Signature,

Applicant's, Signature

Date:

**PARENTAL/GUARDIAN CONSENT:**

I am the above named applicant's parent or guardian. He/She is not known to be allergic to honeybee stings and has my consent to accept this scholarship if selected.

Furthermore, I agree that by signing this waiver I relieve CWBA and their members from any and all liability for any accidents, mishaps or other occurrences, which may happen in the pursuit of this project.

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Parent/Guardian

Scholarship Committee Chair

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CWBA President

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**APPLICANT INFORMATION:**

Name:

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(Last name) (First name) (Middle name)

Email: \_\_\_\_\_ Phone # (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: WA Zip Code: 989 \_\_\_\_\_

**LOCAL ASSOCIATION NAME:** Central Washington Beekeepers Association.

President: Mark Hanks Phone # (509) 305-7010

Vise President: Bruce Drollinger Phone (509) 901-2088

Secretary: Amber Knox Phone #: (206) 324-1975

Treasurer: Charley Chapman Phone #: (509) 307-5521

**GRANT INFORMATION:**

Grant Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please complete all sheets. Mail packet including Youth's one page essay to:

**CWBA Youth Scholarship Program, 151 W Outlook Rd., Outlook WA 98938**

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