

CWBA SCHOLARSHIP TERMS AND CONDITIONS AGREEMENT:

The recipient of the scholarship will receive the following woodenware: a standard 10-frame hive consisting of two deep hive bodies (or 3 westerns) with frames and foundation, bottom board, top cover, a nucleus colony or 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 in the CWBA,
2. Will be able to participate in the Association monthly meetings,
3. Registration in the beginning beekeeping seminar,
4. Mentoring by CWBA member(s) throughout the year, and
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 December meetings and to present a short progress report of their activities to date at one of the spring meetings (April/May/June). The recipient will maintain their Apiary Management Log Book (written record) complete with dates, pertinent data sufficient to substantiate all progress reports, and optional photos. A final report will be presented at the November meeting.

He/she will attend and complete the beginner's seminar with a Passing Score.

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

Recipient Signature: _____ **Date:** _____

Print full name _____

Print address: _____

Print email address: _____

Phone number(s) _____

CWBA President: _____ **Date:** _____

**WAIVER/BINDER
PARENTAL CONSENT:**

I am the above name applicant's parent or guardian. She/he is not known to be allergic to insect 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.

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.

Parents / Guardians Signatures

Date:

Print parent/guardian(s) name(s) _____

Address: _____

Print email address: _____

Phone number(s): _____

Scholarship Committee Chair Name, Signature

Date:

CWBA President Name, Signature

Date: