

Youth Beekeeper Scholarship Program

(may not be offered every year)
Policy Inception 2011

The purpose of this scholarship is to educate youth in beekeeping.

THE AWARD:

1. A one-year membership in the Central Washington Beekeepers Association.
2. A beginning beekeeper seminar registration and textbook.
3. A set of woodenware for a beehive – two deeps or three westerns with frames and foundation, in-hive feeder, bottom board, hive cover.
4. A nuc or 3 lb. package of bees for the hive.
5. Beekeeping gear: hat and veil, gloves, hive tool, bee smoker.
6. A hive inspection checklist / log book.
7. Mentoring by the CWBA for one year.

ELIGIBILITY:

1. The applicant must be between the ages of 12 and 17 by December 1 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 or guardian.
5. The scholarship application must be submitted to the Central Washington Beekeepers Association (CWBA) no later than December 1 of the current year.
6. The applicant must submit a one-page essay on why we need honey bees 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 the finalist(s). (Committee Members: CWBA president, vice president and past president or education chair)
2. The Program Committee will interview the finalist(s) and their parent / guardian.
3. The scholarship will be awarded to the finalist(s) selected by the Program Committee and will be presented at the CWBA 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 surrounding people and animals and that it complies with all legal ordinances.
 - b) Verify that the direction of bee flight is away from neighboring dwellings, or
 - c) Bee flight will be directed by trees and shrubs at least 8 feet above the **ground at the site's closest legal boundary**,
 - d) Ensure the beehive and equipment management will prevent other bees from robbing open and stored combs,
 - e) **Recommend queen replacement if the bees are undesirably "mean or hostile" during colony manipulations**,
 - f) Ensure adequate number of supers are added to the hive to discourage crowding and the resulting swarming,
 - g) Ensure the colony has adequate stores of pollen and honey for colony buildup and maintenance,
 - h) Ensure there is a constant supply of clean, pure water nearby, with available "bee ladders" in the form of rocks, sticks, etc. so the bees have something to cling to while drinking,
 - i) Coach the youth in desirable equipment purchase and assembly,
 - j) Aid the youth in the extraction of their first honey crop,
 - k) 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 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:

We/I understand that neither CWBA nor any of the Association members are liable for any accidents or injuries that 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 beehive and related equipment will be transferred to the recipient.

Parents/Guardian(s) Name(s) Signature(s) and mailing address Date

Print parent/guardian names. Parent email address

CWBA President Name, Signature Date

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 Signature Names, Signatures Date:

Scholarship Committee Chair Name, Signature Date:

CWBA President Name, Signature Date: