

Deadline January 15

MINNESOTA HOBBY BEEKEEPERS ASSOCIATION (MHBA) YOUTH BEEKEEPER SCHOLARSHIP

OBJECTIVE

1. 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.
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 hobby, sideline or fulltime vocation.

THE AWARD

1. A one-year membership in the Minnesota Hobby Beekeepers Association.
2. Tuition to University of Minnesota Beekeeping in Northern Climates Online course.
3. A complete set of woodenware for a beehive.
4. A nuc or package of bees for the hive.
5. Beekeeping gear: hat, veil, gloves, hive tool and bee smoker.
6. Mentoring by a MHBA member for one year.
7. Bees and equipment remain the property of MHBA until all requirements of the program are met. If requirements are not met by November 15th, all equipment must be returned to MHBA.

Eligibility

1. The applicant must be between the ages of 12 and 17 on the deadline date on top of page.
2. The applicant must plan to keep their bees within the MHBA membership zone.
3. The applicant must be currently enrolled in public, private or home school.
4. The applicant must have permission and agreement from parent or guardian.
5. The application must be submitted to MHBA no later than the deadline date on top of the page.

Program Committee

1. Finalists will be selected by the Youth Scholarship Program Committee
2. The Youth Scholarship Program Committee will arrange an interview with finalists and parent(s)/guardian(s).
3. The scholarship will be awarded to the applicant by the Youth Scholarship Program Committee and presented at the first meeting in February.

Recipient Requirements

1. **Secure an acceptable place to keep the bee colony. Depending on location this may include obtaining a permit. The recipient will be responsible for any fees required for the permit.**
2. **There may be additional expenses for this endeavor which the recipient is responsible for, including but not exclusively sugar for feed, varroa mite treatments, permit fees etc.**
3. Complete the University of Minnesota Beekeeping in Northern Climates Online course. (Registration paid by MHBA)
4. Register as member of MHBA (Dues paid by MHBA)
5. Attend at least 6 of 10 MHBA meetings (2nd Tuesday of the month, from Feb-Nov)
6. Assemble and paint equipment
7. Keep a log of your beekeeping experience
8. Pick up your bees and install them in your equipment
9. **Care for your bees as taught in class and directed by your mentor. This will require working with them at least every 7-10 days for about an hour.**
10. Prepare and give a talk about your beekeeping experience to the membership of MHBA at the June meeting.
11. Prepare and give a talk about bees or beekeeping to two public groups of your choosing.
12. Prepare and give a talk about your beekeeping experience to the membership of MHBA at the November meeting.
13. Thank MHBA and others that have donated to the youth program.

To Apply

Obtain application form at WWW.MNBEEKEEPERS.COM and submit.



Minnesota
Hobby Beekeepers
Association

MHBA YOUTH BEEKEEPER SCHOLARSHIP APPLICATION

Applicant's Name

Date of Birth

Address

Phone

City

State

Zip

Email Address

Name of Parent or Guardian

If their address is different from the applicant's, please provide it here:

Address

Phone

City, State Zip

Email Address

Summary of your involvement in school, community, church and other youth or civic organizations

Write a brief paragraph on why you are interested in bees and beekeeping and what you hope to accomplish if you are chosen for this scholarship.

Parent or Guardian: Do you feel your child can benefit from this program?

Do you feel you can support and encourage your child in this effort?

Does anyone in your immediate family have bees?

Please attach to application a letter of reference from a non-family member such as a teacher, community leader, organization leader (i.e. 4-H, FFA, Boy Scouts or Girl Scouts)

**Send Completed Application, letter and signed terms and conditions of agreement to: Christine Shoemaker, 843 Howard St N, St Paul, MN, 55119
or email to: Youth@MNBeekeepers.com**

TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive woodenware consisting of 3 deep hive bodies with frames and foundation, a bottom board, a top cover, inner cover, 2 honey supers, a nucleus or package of bees with queen and the necessary beginner's equipment (hat, veil, gloves, hive tool and bee smoker) to start the beekeeping project.

Upon successful completion of the qualifying term and the satisfaction of stated conditions by the November MHBA meeting, the recipient will be presented a Certificate of Completion of the program and receive ownership of the beehive and related equipment.

The recipient will also receive these additional benefits: 1. A one year membership in the MHBA including newsletter, 2. Mentoring by a MHBA member throughout the year, 3. Tuition to University of Minnesota Beekeeping in Northern Climates Online course.

The recipient will complete University of Minnesota Beekeeping in Northern Climates Online course before receiving the equipment.

The recipient will keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress reports. The recipient will be required to complete 2 service projects during the year such as speaking to a class at school or a meeting of a youth civic organization on the keeping of bees. The recipient will attend at least 6 of 10 meetings of MHBA (second Tuesday of each month Feb-Nov) and give a report at the June and the November meeting of the MHBA where a final report of the recipient's activities will be presented detailing service projects and beekeeping records.

The recipient agrees to return all bees and equipment provided to the MHBA if the above terms and conditions are not completed by the end of the November MHBA meeting.

WAIVER AND PARENTAL CONSENT

We/I are the named applicant's parent or guardian, legally authorized to consent to the applicant's participation in the beekeeping project.

We/I understand the honey bees and equipment provided to the applicant remain the property of the MHBA and cannot be sold, given away, traded or destroyed during the qualifying period without the written consent of the MHBA Youth Scholarship Program Committee.

In the event that the applicant loses interest or can no longer pursue the beekeeping project, the MHBA will be notified, and the equipment and honey bees will be returned to the MHBA Youth Scholarship Program Committee.

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 guaranty against being stung.

We/I understand that We/I must provide a location for the bees. There are some areas that require a license or permit to keep bees and there may be fees involved. We/I understand that We/I must obtain such license or permit and pay any fees that are required.

We/I understand there may be other expenses involved to complete this project that We/I are responsible for. They may include but are not limited to sugar for the bees, additional protection gear or additional bee equipment.

We/I agree to meet with your mentor to visit your bees at least 4 times during the season. It is encouraged that a parent or guardian be present when the recipient visits with the mentor.

We/I understand that (a) none of the MHBA nor any of its board members and officers, the beekeeping mentor and all other MHBA members are responsible for, and (b) we/I will not make any claims of any kind against MHBA, its board members and officers, the beekeeping mentor or any other MHBA members for any damages or losses which may occur while the applicant is working with the aforementioned bees and equipment. We/I agree to supervise the recipient in their beekeeping activities including the time spent with the mentor.

Furthermore, I agree that by signing this waiver I am releasing the Minnesota Hobby Beekeepers Association, its board members and officers, the beekeeping mentor and all other MHBA 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.

SIGNATURES

If emailing, please check here ☐ that you agree to sign this form if you are included in the program.

Applicant

date

Parent or Guardian

date

Scholarship Committee Chair

date

Association President

date

Name _____

2025 - 2026 draft

Record for MHBA Youth Scholarship Recipients. (To be turned in at the November meeting).
All must be completed to receive ownership of the equipment.

- ☐ Email Christine back to formally accept and confirm you will complete the Beekeeping in Northern Climates Online class and secure a legal location for your bees. You will receive registration instructions.
- ☐ Email Christine back to inform her when you have registered for the class
- ☐ Put MHBA meetings (2nd Tuesday of the month) on your calendar. When you attend, have Christine, Gary, Jessica, or Katie initial below. (If it is a virtual meeting there will be a code for you to enter below). **You must attend at least 6 meetings.**

___Feb. ___Mar. ___Apr. ___May ___**June** ___July ___Aug. ___Sept. ___Oct. ___**Nov.**

- ☐ Complete the U of M Beekeeping in Northern Climates Online class before receiving your equipment. Email Christine a copy of your certificate when you complete the class.
- ☐ Pickup and prepare your equipment. **Date TBA**
- ☐ Keep log of your beekeeping experience.
- ☐ Pickup and hive your bees. **Date in April TBA**
- ☐ Prepare and give short talk at MHBA meeting in **June**.
- ☐ Prepare and give a presentation to a public group.

Group name _____ date _____

- ☐ Prepare and give 2nd presentation to a public group.

Group name _____ date _____

- ☐ Prepare and give short talk at the MHBA meeting in **November**.
- ☐ Thank MHBA and others that donated to the Youth program. (Miller Mfg (Little Giant), Natures Nectar, University of Minnesota, Mann Lake)

Name (print) _____

Sign (when completed) _____

Date _____



Minnesota Hobby Beekeepers Association

This certificate acknowledges the completion of the requirements for the
MINNESOTA HOBBY BEEKEEPERS ASSOCIATION'S
YOUTH SCHOLARSHIP PROGRAM.

All equipment and bees provided to the recipient now belong to them.

____/____/____

Jessica Marshall-Kurysh
MHBA President

Christine Shoemaker
MHBA Youth Scholarship Chair