



# Youth Beekeeper Scholarship Application

APPLICANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF PARENT OR GUARDIAN \_\_\_\_\_

PARENT OR GUARDIAN'S EMAIL ADDRESS \_\_\_\_\_

If parent or guardian's address is different from applicant's please provide it below.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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 a letter of reference from a teacher, community leader, or organization leader (4-H, FFA, Boy Scouts or Girl Scouts) to this application.

**Send completed application, reference letter and signed Terms and Conditions of Agreement to: Gary Reuter, c/o University of Minnesota, 1980 Folwell Avenue, St. Paul, MN 55108-6125, or email to: youth@mnbeekeepers.com.**



Youth Beekeeper Scholarship

# Terms and Conditions of Agreement - APPLICATION DEADLINE JANUARY 15

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 the additional benefits : 1. A one year membership in the MHBA including newsletter, 2. Mentoring by a MHBA member throughout the year, 3. Tuition for youth and one parent/guardian to the University of Minnesota courses, *Beekeeping In Northern Climates - Year 1 and 2* (includes textbooks).

The recipient and one parent/guardian will attend U of M beekeeping courses, and the recipient will attend at least 6 of the MHBA regular monthly meetings (second Tuesday of each month Feb-Nov).

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 give a report at the June and the November MHBA meetings. The final November 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 am 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 Beekeeper Scholarship 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 Beekeeper Scholarship Committee.

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 (a) none of the MHBA nor any of its board members nor officers, the beekeeping mentor nor 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 or guardian 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