

Dodge/Jefferson Beekeepers Association
YOUTH IN BEEKEEPING SCHOLARSHIP PROGRAM
APPLICATION & AGREEMENT

OBJECTIVES

- 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.
- To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
- To provide an avenue for youth to engage in an avocation and gain the potential to pursue beekeeping as a sideline or a full-time vocation.

THE AWARD (*1 RECIPIENT FROM DODGE CO.*) (*1 RECIPIENT FROM JEFFERSON CO.*)

- A one-year membership to the Dodge/Jefferson County Beekeepers Association.
- A beginning beekeeper seminar – February or March (date to be determined)
- A complete set of woodenware for 1 beehive.
 - Two standard hive bodies with frames and foundation
 - One bottom board, inner cover, and telescoping cover
 - One honey super with frames and foundation
- One feeder (choice of the mentor)

One package of bees for the hive (2lb. or 3 lb. package depending on availability)

A hat w/veil, gloves, hive tool, and bee smoker.

1 book – *First Lessons in Beekeeping*

Mentoring by a Dodge/Jefferson Beekeepers Association member for one year.

ELIGIBILITY

The applicants must be between the ages of 12 to 17 years old by January 1 of the current year. The applicants must be currently enrolled in public, private, or homeschool.

The applicants must have signed permission and agreement from parent or guardian.

The applications must be postmarked to the Dodge/Jefferson Beekeepers Association *no later than February 1st of the current year.*

The applicants can have no immediate family members that are currently beekeepers.

SELECTION PROCESS

The Dodge/Jefferson Beekeepers Association may arrange an interview with finalists and their parents or guardian.

The Dodge/Jefferson Beekeepers Association President will award the scholarship and notify the applicants by March 1st of the award year. The scholarship will be presented at the Association's spring meeting in March or April as designated by the Youth in Beekeeping Committee.

THE RECIPIENTS WILL:

Keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress of beekeeping experiences.

Complete 2 service projects during the year. Service projects may include #1) a presentation at club, school, or civic group meeting #2) volunteering at any scheduled Dodge/Jefferson Co Beekeeper Assn promotional or fundraising event.

Provide at least one State or County Fair entry related to honey or honey bees (honey, photo contest, gift basket, informative poster, etc.—ask for suggestions).

Attend at 50% of Dodge/Jefferson Beekeepers club meetings. Youth must attend no less than 5 club meetings.

Present a final report of activities and progress including service projects and beekeeping records at the December Dodge/Jefferson Beekeepers Association meeting.

The Dodge/Jefferson Beekeepers Association understands that beekeeping is a challenging venture. If the scholarship recipient has met all requirements, the Association President will present her/him a Certificate of Completion and full ownership of the colony and equipment. If, at the end of the beekeeping year, the youth scholarship recipient has failed to meet the requirements, or no longer wishes to continue in beekeeping, the scholarship mentor will take custody of the hive (including bees) and all related equipment. In coordination with Dodge/Jefferson Beekeepers Association, the scholarship mentor will move the hive.

Please attach to application one letter of reference from teacher, community leader, or another organization leader (4-H, FFA, etc.) List name of person & title providing reference:

Name Title

Do you know a beekeeper? Yes / No

If yes, list name and address: _____

Phone _____

How did you learn of the Youth in Beekeeping Scholarship program?

CHECK LIST:

- Full Application**
- Reference Letter**
- Signatures**
- Waiver/Binder**

Deadline: February 1st

Mail completed application, letter of reference, and waiver to:

LOUIS ANTONIONI

c/o Dodge/Jefferson Co. Beekeepers Assn

N7560 Swan Road

Burnett, WI 53922

WAIVER / BINDER

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 guarantee against being stung.

We/I understand that by signing this waiver I am releasing the Dodge/Jefferson County Beekeepers Association, its board members and officers, the beekeeping mentor and all other 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.

We/I also understand the bee colony and equipment will be located on **owned property** of the **participating parent** or **guardian** and will remain the property of the Dodge/Jefferson County Beekeepers Association and cannot be sold, given away or destroyed during the qualifying period without the written consent of the same. In the event that the applicant loses interest or can no longer pursue the beekeeping project, the Dodge/Jefferson County Beekeepers Association will be notified and the equipment and bee colony will be returned to the same.

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

PARENTAL CONSENT

I _____, am (applicant’s name) _____’s parent/guardian. She/he is not known to be allergic to bee stings and has my permission to accept this scholarship if chosen.

Parent/Guardian: What do you feel the applicant can gain from this program?

Do you feel you can support and encourage the applicant in this effort? _____

Does anyone in your immediate family have bees? _____

If so, who? _____

Note: Parents are expected to attend all activities with the student scholar.

Signatures below indicate agreement with the above terms and requirements.

SIGNATURES

Applicant

Date

Parent/Guardian

Date