**2018 Marion County Beekeepers Association**

**Judy Wilhelm Youth Beekeeping Scholarship**

# **Objective**

To educate our youth in the skill of beekeeping and encourage a better understanding of the value of honeybees to our environment and to the food chain. To provide a chance for youth to practice responsibility and gain enjoyment of nature through beekeeping. And finally, to provide a path for youth to engage in a pursuit and gain the potential to pursue beekeeping as a hobby, or become a full time vocation in the future.

# **Eligibility**

1. Applicant must be between the ages of twelve and seventeen by Dec.1, 2018.
2. Applicant must be a current resident of Marion County, WV.
3. Applicant must be currently enrolled in public, private or home school.
4. Applicant must have permission and agreement of participation from parent or guardian.
5. The application must be submitted to the MCBA no later than **October 30, 2018**
6. Applicant will be required to purchase protective clothing (gloves and a bee jacket with attached veil) for themselves for this program. Any accompanying person(s) must also wear protective clothing in the bee yard.

# **The Award**

1. A one year membership in the Marion County Beekeepers Association and the WV State Beekeepers Association.
2. Tuition to the next available MCBA beginners beekeeping course (including textbook) for youth to be accompanied by one family member (parent or guardian). Reimbursement of the cost of the class will be made after completion of all six sessions.
3. Reimbursement of up to $230 for one complete set of woodenware for a ten frame beehive, hive tool, smoker, and bee yard sign
4. Reimbursement of up to $125 for the cost of one complete colony of bees with a marked queen.
5. Mentoring by an assigned MCBA member for the term of the program***.***

# **Program Committee**

Finalists will be selected by the Youth Beekeeping Program Committee. The Committee will arrange an interview with finalists and their parents/guardians. The scholarship recipient will be notified by the Committee prior to the start of the next available MCBA beginner beekeeping classes.

# **To Apply**

Obtain an application online at [www.mcbawv.com](http://www.mcbawv.com) or by contacting Debbie Abel by email at: dabel313@excite.com

**2018 MCBA Judy Wilhelm Youth Beekeeping Scholarship Application**

**Applicant’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State\_**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emai**l\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Participating Parent or Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your address is different from the applicant’s, please provide it here:**

**Addres**s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth Section:**

Summary of your community involvement. (school, church, youth/civic organizations.)

Write a brief paragraph explaining your interest in bees and beekeeping, and what you hope to gain from this program if you are chosen.

***Parent or Guardian;*** How do you feel your child can benefit from this program? Are you willing and able to support and encourage your child in this effort?

**Please attach to this application a letter of recommendation from one of the following: teacher, community leader, organization leader (4-H, FFA, Boy Scouts or Girl Scouts)**

Send Completed Application to: Debbie Abel PO Box 431 Pursglove WV 26546 or email to dabel313@excite.com

**TERMS AND CONDITIONS OF AGREEMENT**

The recipient of this scholarship will receive one complete 10 frame hive, consisting of two deep hive bodies all with frames and foundation, bottom board, inner cover, telescoping lid, including a colony of bees with marked queen, hive tool, bee smoker and bee yard warning sign to start the beekeeping project. A notebook with colony inspection sheets will be provided. Student must provide protective clothing (gloves and a bee jacket with attached veil) to be worn in the bee yard. Accompanying person(s) must also wear protective clothing in the bee yard.

The hives may be placed at a location chosen by the participant with mentor guidance. At the successful completion of the qualifying term of one year, a Certificate of Completion and full ownership of the colony and all equipment will become the sole property of the Youth Scholarship winner.

**The recipient will also receive the additional benefit of:**

1. A one year membership in the Marion County Beekeepers Association and the WV State Beekeepers Association including the newsletters.
2. Mentoring by a MCBA member for one (1) year.
3. Mentoring assistance putting the woodenware together and placement of bees.
4. Assistance from a mentor(s) with extracting the first honey crop.
5. Tuition to the next available MCBA beginners beekeeping course (including textbook) for youth to be accompanied by one family member (parent or guardian). Cost of the class to be reimbursed after completion of all six sessions.

**The recipient will be expected to:**

1. Attend and successfully complete all six (6) sessions of the MCBA beginners beekeeping course.

2. Participate fully in the construction of hive components and the placement of the bees in the hive.

3. Keep a written record complete with dates, photos and other pertinent information pertaining to the

 keeping of the hive.

4. Attend at least 50% of the MCBA regular monthly meetings (usually the 4th Thursday of each month).

5. The recipient will provide a minimum of two reports detailing his/her beekeeping activities to the MCBA general

 membership. Dates will be scheduled by the board with the recipient. The method of presentation to be

 determined by the recipient. (i.e. power point, poster, short talk)

6. Reimbursement of up to $355 will be given at the end of the scholarship year. Receipts are required for

 reimbursement.

## **Waiver and Parental Consent**

Parent/Guardian***: Please initial at each point.***

\_\_\_\_\_ 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 that this is a reimbursable grant.

\_\_\_\_\_ We/I understand the 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 (1) persons allergic to bee stings and (2) 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 (1) neither the MCBA nor any of its board members and officers, the beekeeping mentor and all other MCBA members are responsible for and (2) we/I will not make any claims of any kind against the MCBA, its board members and officers, the beekeeping mentor or any other MCBA members for any damages or losses which may occur while the applicant is working with the aforementioned bees and equipment.

\_\_\_\_\_ We/I acknowledge that we/I have received a copy of the WVDA Best Management Practices and agree to adhere to them to mitigate risk to others.

\_\_\_\_\_ We/I will be present when the recipient is being mentored.

\_\_\_\_\_ Furthermore, I agree that by signing this waiver I am releasing the Marion County Beekeepers Association, its board members and officers, the beekeeping mentor and all other MCBA 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/guardian in the pursuit of this project.

**SIGNATURES**

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Committee Chair\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_