**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 12 (twelve) and 17 (seventeen) at the time the scholarship is awarded.
2. Applicant must be a resident of Marion or Taylor 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. Applications may be submitted at any time and will be reviewed on an annual basis, provided a Beginning Beekeepers School is conducted by MCBA that year. (Visit mcbawv.com to see if a school has been scheduled) Applications must be received no later than 6 weeks prior to the beginning of the MCBA Beginning Beekeepers School and review of applications and announcement of the winner will take place no later than one week prior to the start of the school.

Scholarship recipient will be required to purchase protective clothing (A minimum of bee veil and gloves required) for themselves for this program. Accompanying persons must also have protective clothing in the bee yard.

# **The Award**

1. A one-year membership in both the Marion County Beekeepers Association and the WV State Beekeepers Association.
2. Tuition to the MCBA Beginners Beekeeping Course (including textbook) for recipient who will be accompanied by one family member (parent or guardian). Recipient must complete all sessions of the school.
3. Reimbursement of up to $250 for equipment including: one complete set of wooden ware for a ten-frame beehive, hive tool, smoker, and bee yard sign. If available, a bee yard sign may be provided by MCBA.
4. Reimbursement of up to $150 for the cost of one colony of bees.
5. Receipts must be provided to receive reimbursement at the end of the program term.
6. Mentoring by one or more MCBA members for the term of the program***.***

# **Program Committee**

Finalists will be selected by the Youth Beekeeping Program Committee appointed by the board of directors. 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 Course.

# **To Apply**

Obtain an application form available online at www.mcbawv.com or by contacting Amy Kaiser at 304-368-0609 or by email at: ottoamy105@yahoo.com.

**MCBA Judy Wilhelm Youth Beekeeping Scholarship Application**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Youth Section:***

Summary of your community involvement (school, 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 gain from this program if you are chosen. Attach separate page if necessary.

***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 with this effort?

**TERMS AND CONDITIONS OF AGREEMENT**

Upon completion of the requirements listed below, the recipient of this scholarship will receive reimbursement of up to $400 (as described on Page 1 of this application). Student must provide protective clothing (at a minimum: bee veil, and gloves) to be worn in the bee yard. Accompanying persons must also have similar protective clothing in the bee yard. The hive may be placed at a location chosen by the participant with mentor guidance.

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

1. A one-year membership in the Marion County and the WV State Beekeepers Associations including newsletters
2. Mentoring by one or more MCBA members for one (1) year
3. Mentoring assistance putting the woodenware together and installation of bees
4. Assistance from mentor(s) with extracting the first year’s honey crop, if any
5. Free tuition for the next available MCBA Beginning Beekeeping Course, including textbook and handouts, for the recipient, accompanied by a parent or guardian. Attendance at all sessions of the school is mandatory.

**The recipient will be expected to:**

1. Attend and successfully complete all sessions of the MCBA Beginning Beekeeping Course
2. Participate fully in the construction of hive components and the installation of bees in the hive
3. Keep and make available to the scholarship committee a written record, complete with dates of information pertaining to the keeping of your hive
4. Attend at least 50% of the MCBA regular monthly meetings (usually on the 4th Thursday of the month)
5. The recipient will present a minimum of two reports to the MCBA general membership detailing his/her beekeeping activities. Dates will be scheduled by the board with the recipient. The method of presentation will be the choice of the recipient (i.e. PowerPoint, poster, short talk, etc.)
6. Reimbursement will occur at the end of the scholarship year after all requirements have been completed, as determined by the scholarship committee. Receipts are required for reimbursement.

**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 that this is a reimbursement grant.

\_\_\_\_\_I understand the honeybees are unpredictable and that the applicant, participating parent or guardian and others 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. Although protective gear is being provided by 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 nor all other MCBA members are responsible for any damages or losses that may occur. 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.

SIGNATURES

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

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

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

MCBA President or Vice President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please attach to this application a letter of reference from one of the following: teacher, community leader, organization leader (4-H, FFA, Boy Scouts or Girl Scouts).**
* **Send Completed Application to Amy Kaiser, 734 Monumental Road, Fairmont, WV 26554 or email to ottoamy105@yahoo.com.**