Good Beekeeping *Good Fellowship*

Since 1948

Exploring the wonderful world of beekeeping together

Northeastern Kansas Beekeepers Association

NORTHEASTERN KANSAS BEEKEEPER'S ASSOCIATION (aka NEKBA) BEEKEEPING YOUTH SCHOLARSHIP PROGRAM

APPLICATION/AGREEMENT and WAIVER/BINDER

OBJECTIVE

- To educate youth in the art of beekeeping.
- 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 opportunity to pursue beekeeping as a sideline or a full-time vocation.

THE AWARD

1) A one-year NEKBA membership.
2) A beginning beekeeper seminar and textbook.
3) A complete set of woodenware for a new beehive.
4) A package of bees or nucleus colony for a starter hive.
5) The basic beekeeping gear: hat, veil, gloves, hive tool, and bee smoker.
6) Mentoring by a NEKBA member for one year.

ELIGIBILITY

The applicant must:

- Be between the ages of 10 and 16 by February 1st of the current year.
- Be a Kansas resident.
- Be currently enrolled in public, private, or home school.
- Have permission to apply from a parent or guardian.
- Have no immediate family members that are currently beekeepers.
- Have a suitable location for hive placement <u>at their residence</u> and be willing to place the hive at their residence, which is necessary for observation and the best opportunity for learning and experience with honeybees.
- Submit application (e-mailed or post-marked) to NEKBA no later than December 31st of the current year.

SELECTION PROCESS

- The NEKBA Youth Program Committee may arrange an interview with the finalist and their parent(s) or guardian(s).
- The Scholarship Committee Chair will award the scholarship and notify the applicant prior to March 1st of the award year.
- One (1) application per family.

NEKBA YOUTH SCHOLARSHIP
TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive the following:

1. Woodenware consisting of two standard hive bodies with frames and foundation, including a bottom board, top cover, inner cover
2. Two honey supers
3. Queen excluder
4. Feeder
5. Package of bees with queen or a nucleus of bees with a queen
6. Beginner's equipment to start the beekeeping project (veil/protective clothing, smoker, hive tool, bee brush)
7. Beekeeping text and instruction notebook.

The recipient will also receive the additional benefits:

- A one-year NEKBA membership
- Mentoring by a NEKBA member throughout the year
- NEKBA assistance in extracting the first year's honey crop
- A beginning beekeeper's workshop (if available during the year; ex. Bee Fun Day or NEKBA's new beekeeper class, which includes registration).

The recipient shall:

1. Keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress of beekeeping experiences.
2. Complete two service projects during the year. Service projects may include: activities such as speaking to a school class or a meeting of a youth civic, organization (4-H or Scouts).
3. Attend at least eight (8) NEKBA club meetings (ask for dates or visit www.NEKBA.org)
4. Present a final report of activities and progress including service projects and beekeeping records
5. 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)
6. Study the material provided in order to become an informed beekeeper.

If the scholarship recipient has met all requirements within the 1st beekeeping year, the NEKBA President will present her/him a Certificate of Completion and full ownership of the colony and equipment. If, at the end of the 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 NEKBA and the Kansas Honey Producer's Association (KHPA), the scholarship mentor will move the hive to a selected KHPA state bee yard.

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NEKBA YOUTH SCHOLARSHIP APPLICATION and Instructions

To be completed by applicant.

(Application is to be hand written by applicant—not typed)

Name_____

Date of birth_____

Address_____Phone_____

City_____State_____ Zip Code_____

Email (use one that is frequently checked)_____

Name of Parent or Guardian_____

Please tell us about yourself in the following paragraphs:

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

Please write a paragraph on why you are interested in bees and beekeeping. Also include what you would like and hope to accomplish, should you be awarded this scholarship

Include with this application a letter of reference from a teacher or community leader or other organization leader (such as 4-H, FFA, Boy Scouts, or Girl Scouts). Please provide the name of the person providing this reference:

_____

Do you know a beekeeper? Yes/No? If yes, please provide the name and address:

_____

How did you come to learn of the NEKBA scholarship program?

_____

Where or what location would you intend to keep a hive of honey bees?

_____

Some municipalities may not allow honey bees within their current limits. Are you allowed to keep honey bees in your city? Y/N _____

WAIVER/BINDER

We/I understand that neither NEKBA nor any of the Association members are liable for any accidents or injuries, which may occur while my child is working with the provided bees and equipment. We/I also understand the bee colony and equipment remain the property of NEKBA. The property cannot be sold, given away, or destroyed during the qualifying period without written consent.

In the event that (applicant's name)_____ loses interest or can no longer pursue the beekeeping project, NEKBA will be notified. The equipment and colony of bees will be returned. 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 /We am/are the above named applicant's parent or guardian. She/he is not known to be allergic to bee stings and has my/our permission to accept this scholarship, if awarded. Furthermore, I/we agree that by signing this waiver I/We relieve the Northeastern Kansas Beekeepers Association (NEKBA) and any members from any liability for any accidents, which may occur in the pursuit of this project.

Parent(s) or Guardian(s): What do you feel your child can gain from this program?

_____

_____

Are you able to support and encourage your child in this endeavor?_____

Are there any activities that might prevent your child and you from attending the regular monthly meetings usually held at 7:00 PM on Monday evenings?

_____

Do you or anyone in your immediate family already keep honey bees?_____

If affirmative, what is the relationship?_____

Please tell us where would the hive be kept?_____

Signatures below indicate agreement with the above terms and requirements.
Please note: a parent or both parents are expected to attend all activities with the student scholar. Our purpose is to involve families as well.

SIGNATURES

Applicant	Date
_____/_____	
Parent(s)/Guardian(s)	Date

For consideration, send a completed application and letter of recommendation to:

Northeastern Kansas Beekeepers Assn
Attn: Joli Winer , 1st VP
19201 S Clare Rd
Spring Hill, KS 66083

Or email to: youthscholarships@nekba.org

Please email or call with any questions
Email: youthscholarships@nekba.org
Phone: 913-856-8356

Thank you for your interest!