

# BAC Youth Scholarship Program Application 2020

*Thank you for taking time to review and complete the BAC Youth Scholarship Application. We are excited about your interest in our scholarship program and look forward to reviewing your application.*

## BAC Youth Scholarship Program 2020

### **Objective**

1. To educate youth in the art of beekeeping and to promote a better understanding of the value of honey bees to our environment and to the food industry.
2. To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
3. To provide an avenue for youth to engage in a vocation and gain the potential to pursue beekeeping as a hobby or full time profession.

### **The Award**

1. A one year junior membership in the Bees Alive Club.
2. A new beekeeper education packet and beginner beekeeping book.
3. A complete bee hive set-up.
4. A nuc or package of bees for the hive.
5. Beekeeping equipment [which may include, but is not limited to: hat, veil, gloves, hive tool, bee brush, and smoker].
6. Mentoring by a BAC member for one year.

### **Eligibility**

1. The applicant must be between the high school grades of freshman and senior by September 1, 2019.
2. The applicant must be a resident of one of the following Missouri counties: Stone, Christian, Greene, Taney, Douglas or Barry
3. The applicant must be currently enrolled in public, private or home school.
4. The applicant must have permission and agreement from parent or guardian.
5. The applicant must not have immediate family that is currently involved in beekeeping.
6. The scholarship application must be received before January, 30<sup>th</sup> 2020.

### **Program Committee**

1. Finalist(s) will be interviewed and selected by the BAC Youth Scholarship Committee.
2. The scholarship will be awarded to the recipient(s) selected by the BAC Youth Scholarship Committee and presented at the BAC March 2020 meeting.
3. Final evaluation of recipient(s)'s progress and exit exam completion will be conducted and Certificate of Completion awarded to qualifying recipients at the end of the 2020 year.

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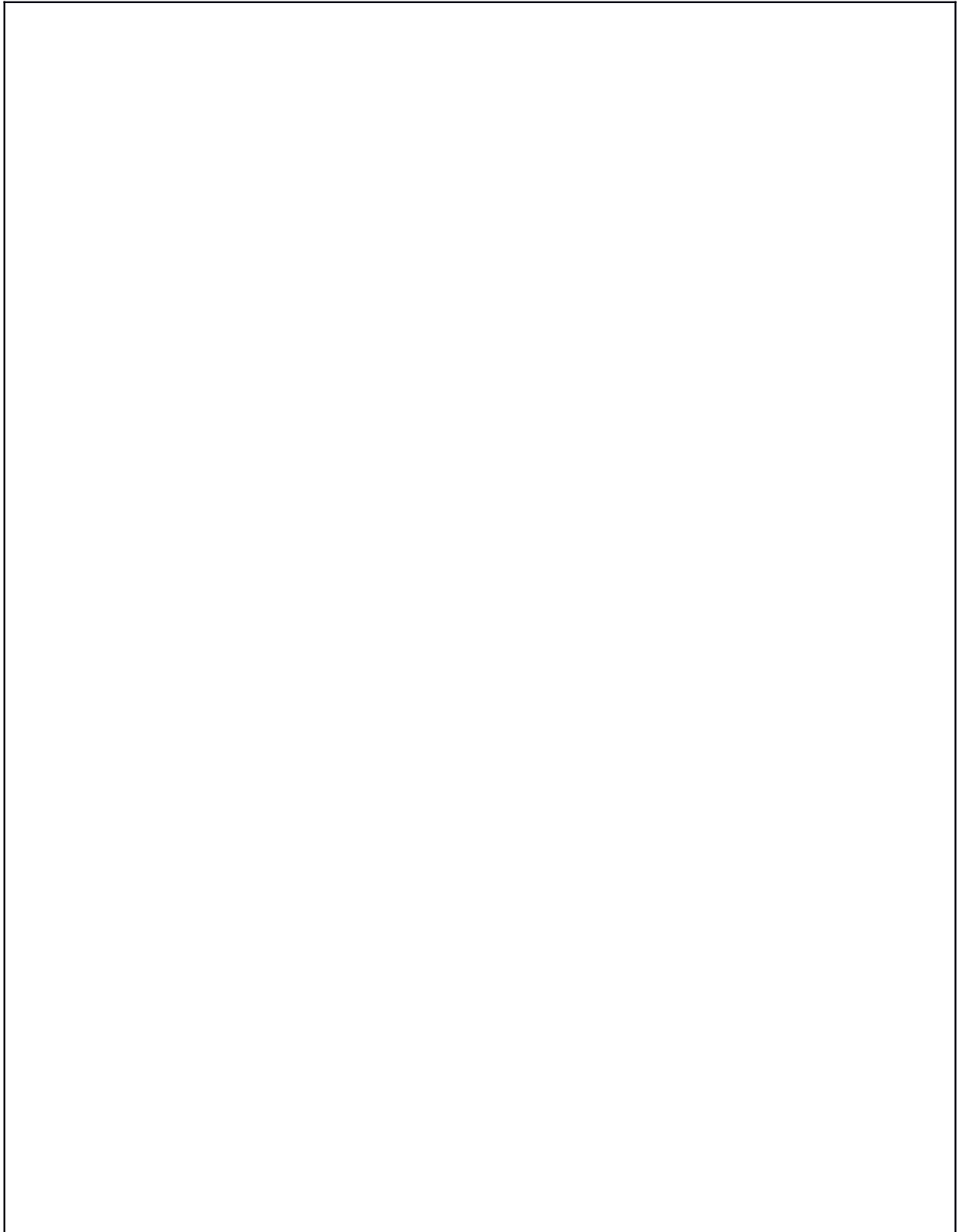
**Please fill out the following information:**

Applicant Name:
Address:
City:
Zip:
Phone:
E-mail:
Parent or Guardian Name:
Parent Phone Number:

**Summarize your involvement in school, community, church, and other youth or civic organizations.**

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**Write a 500 word essay on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship.**

A large, empty rectangular box with a thin black border, intended for the applicant to write their 500-word essay. The box occupies most of the page below the instructions.

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## Parent/Guardian

Do you feel your child can benefit from the program?
Do you feel you can support and encourage your child in this effort?
Does anyone in your immediate family have bees?

## Terms and Conditions

The recipient of this scholarship will receive a complete bee hive set-up, a nucleus or package of bees with queen, and the necessary beginner's equipment to start the beekeeping project. The recipient will also receive the additional benefit of:

- (1) a one year junior membership of the BAC,
- (2) will be able to participate in the Club's monthly meeting and scheduled field trips,
- (3) will receive the club e-mail (newsletter, meeting minutes),
- (4) access to the Club's members-only portion of our website (including educational resources and online forum),
- (5) a new beekeeping educational packet and/or beginner's beekeeping book, and
- (6) mentoring by a BAC member throughout the year

In order to complete the scholarship program and take full ownership of the equipment and colony, the recipient is expected to satisfactorily meet the requirements listed below.

### **Please initial to confirm that you have read and understand the following:**

- \_\_\_\_ (a) The recipient will be required to attend the beginning beekeeping classes provided.
- \_\_\_\_ (b) The recipient will be required to attend BAC's monthly beekeeping meetings between March 2020 and December 2020.
- \_\_\_\_ (c) The recipient will be assigned a mentor and will be expected to meet at least once a month for supervised hive inspections.
- \_\_\_\_ (d) The recipient will present a short progress report of the activities to date at the monthly meetings of May/August/November.
- \_\_\_\_ (e) The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports.

A program evaluation and exit exam will be conducted prior to the recipient's final report, which will be presented at the November or December 2020 meeting. Successful attendance of classes and meetings and reporting of progress is required. **A Certificate of Completion and full ownership of the colony and the equipment will be presented at the December 2020 meeting if the scholarship recipient has met all requirements.**

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## Waiver/Binder

We/I, \_\_\_\_\_, understand that neither Bees Alive Club nor any of the Club members are liable for any accidents or injuries which may occur while my child, \_\_\_\_\_, is working with the aforementioned bees and equipment.

We/I, \_\_\_\_\_, also understand the bee colony and equipment remain the property of BAC, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period without the written consent of BAC. In the event that my child loses interest or can no longer pursue the beekeeping project, BAC shall be notified and the equipment and colony of bees will be returned to BAC. 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 ownership of the beehive and related equipment will be transferred to recipient.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

## Parental Consent

I am the above named applicant's parent or guardian. He/she is not known to be allergic to honeybee stings and has my consent to accept this scholarship if chosen. Furthermore, I agree that by signing this waiver, I relieve the BAC and their members from any and all liability for any accidents, mishaps or other occurrences, which may happen in the pursuit of this project.

By filling out and submitting this form I understand that I am fully agreeing to all Terms and Conditions set forth herein.

\_\_\_\_\_  
Applicant name printed

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name printed

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date