

## Objective

1. To educate youth in the art of beekeeping, **over an 18 month period**, to promote an understanding of the value of honeybees to our environment and to the food chain.
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 with guidance and gain the potential to pursue beekeeping as a sideline or full time vocation in the future.

## The Award

1. A one year family membership in the Montgomery County Beekeepers Association (MCBA aka MoCo) if the family is not already a member.
2. Beginning beekeeper classes and a book on beekeeping
3. A set of woodenware for a starter beehive, hive tool, and smoker
4. A NUC or package of bees for the hive
5. Mentoring by a MCBA member for the duration of 18 months of participation.

## Eligibility

1. The applicant must be between the ages of 12 and 17 by September 1st of the current year
2. The applicant must be willing to travel to monthly meetings and classes (primarily in Montgomery County) to access bees
3. The applicant must be currently enrolled in public, private, or home school.
4. The applicant must have signed permission/agreement from a parent or guardian.
5. The application must be legible or the application cannot be processed.
6. Protective gear (suit and gloves) is required for the applicant and is recommended for at least one adult in the family. **To participate in this program, the family will be required to purchase the protective gear for the student. The average cost is approximately \$150** and may be purchased from any reputable supplier.
7. The application must be postmarked no later than **December 31st** of the current year.

## Program Committee

1. Finalists will be selected by the Youth Program Committee
2. The Program Committee will arrange an interview with scholarship finalists and their parents/guardian
3. The recipients will be notified by the Program Committee and announced by the MCBA February meeting

# Application/Agreement

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Student Name \_\_\_\_\_

Age/Date of Birth \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

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

Proposed bee location if different than  
above \_\_\_\_\_

Email Address of Student \_\_\_\_\_

Email Address Parent or Guardian \_\_\_\_\_

**Note: Both Student and Parent/Guardian will typically be contacted at the same time.**

Summary of your involvement in school, community, church, and other youth or civic organizations:

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Write a brief explanation of why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this opportunity. Include a separate sheet if needed:

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## Parent/Guardian

Do you feel your child can benefit from this program? \_\_\_\_\_

Do you feel you can support and encourage your child in this effort (driving to classes/meetings, helping with bees if needed)? \_\_\_\_\_

Protective gear (suit and gloves) is required for the applicant and is recommended for at least one adult in the family. To demonstrate family desire to participate in this program, the family will be required to purchase the protective gear for the student. The average cost is approximately \$150. Are you willing to purchase protective gear for your child? \_\_\_\_\_

Does anyone in your immediate family have bees? \_\_\_\_\_

## Terms and Conditions of Agreement

**The recipient of this scholarship will receive:** woodenware consisting of a standard hive body with frames and foundation, a bottom screened board, an inner cover, a telescoping top cover, a nucleus of bees with queen, and the necessary beginner's tools to start the beekeeping project. The recipient will also receive the additional benefit of: (1) a one year family membership in the MCBA if the family is not currently a member, (2) student beekeeping book, (3) beginning beekeeping classes, (4) a mentor by a MCBA member throughout participation, and (5) will receive association assistance in extracting the first honey crop if this occurs during participation.

**The recipient will be expected to:** attend at least 80% of the meetings during the time of participation and to present a short progress report of the activities at the club meetings. The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports. A formal report will be presented to the association as the final project before graduation. Successful attendance, monthly up-dates at our meetings and completion of the beekeeping classes are required. A Certificate of Completion and full ownership of the colony and the equipment will be presented if the scholarship recipient has met all requirements.

## Waiver/Binder

We/I understand that neither MCBA nor any of the Association 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 MCBA, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period without the written consent of MCBA.

In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, MCBA shall be notified and the equipment and colony of bees will be returned to MCBA. 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.

### **Parental Consent**

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

\_\_\_\_\_  
Applicant/date

\_\_\_\_\_  
Parent or Guardian/date

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

Email/Mail the Completed Application to [@MocoBeesYouth@gmail.com](mailto:@MocoBeesYouth@gmail.com) or for traditional mail:

Nanette Davis, 23511 Flower Ridge, Porter, Texas, 77365