

EASTERN PANHANDLE BEEKEEPERS ASSOCIATION YOUTH DEVELOPMENT PROGRAM

OBJECTIVE

1. To educate youth in the art of beekeeping and to promote a better 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 an avocation and gain the potential to pursue beekeeping as a hobby, sideline or full time vocation.

THE AWARD

1. A two year membership in the West Virginia Eastern Panhandle Beekeepers Association
2. Tuition to WVEPBA Beginners Beekeeping Course (including textbook) for youth and 1 parent.
3. Two complete sets of woodenware for two eight frame beehives.
4. Two packages of bees or two nucs for the hives.
5. Beekeeping gear: hat, veil, gloves, hive tool, capping scratcher and bee smoker.
6. Mentoring by a EPBA member for two years.

Eligibility

1. The applicant must be between the ages of 12 and 17.
2. The applicant must be a resident of Berkeley, Jefferson or Morgan County, WV.
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 application must be submitted to the EPBA no later than Dec. 1st 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 finalists and parents/guardian.
3. The scholarship will be awarded to the applicant by the Program Committee and presented at the first meeting in January.

To Apply

Obtain application by contacting Bob Speelman by email at:

rwspeelman@mail.com **Applications must be received by January 1, 2012.**

EPBA YOUTH DEVELOPMENT APPLICATION

Applicant's Name _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name of Parent or Guardian _____

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

Address _____ Phone _____

City _____ State _____ Zip _____

Summary of your involvement in school, community, 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 accomplish if you are chosen.

Parent or Guardian; Do you feel your child can benefit from this program?

Do you feel you can support and encourage your child in this effort?

Does anyone in your immediate family have bees? If so, whom?

Please attach to application a letter of reference from teacher, community leader, organization leader (4-H, FFA, Boy Scouts or Girl Scouts)

**Send Completed Application to: Bob Speelman, 223 S. Rosemont Ave.,
Martinsburg, WV 25401**

TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive woodenware consisting of 1 deep hive body and 1 medium hive body with frames and foundation, a bottom screen, a top cover, inner screen, inner cover, 1 top feeder 1 honey super, a package of bees with queen and the necessary beginner's equipment (hat, veil, gloves, hive tool and bee smoker) to start the beekeeping project.

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.

The recipient will also receive the additional benefits: 1. A two year membership in the WVEPBA including newsletter, 2. Mentoring by a WVEPBA member for 2 years. 3. Will receive association assistance in extracting the first year's honey crop. 4. Tuition to the WVEPBA Beginners Beekeeping Course (including textbook) for youth and 1 parent.

The recipient and one parent will attend the WVEPBA Beginners Beekeeping Course in February 2011 and the recipient will attend at least 50% of the WVEPBA regular monthly meetings (second Monday of each month).

The recipient will keep a written record complete with dates, photos and other pertinent data sufficient to substantiate all progress reports. The recipient will be required to complete 2 service projects during the year such as speaking to a class at school or a meeting of a youth civic organization on the keeping of bees. The recipient will attend the November meeting of the WVEPBA where a final report of the recipient's activities will be presented detailing service projects and beekeeping records.

A Certificate of Completion and full ownership of the colony and equipment will be presented at the December meeting of the WVEPBA if the scholarship recipient has met all requirements.

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 the honey bees and equipment provided to the applicant remain the property of the WVEPBA and cannot be sold, given away, traded or destroyed during the qualifying period without the written consent of the WVEPBA Youth Committee.

In the event that the applicant loses interest or can no longer pursue the beekeeping project, the WVEPBA will be notified and the equipment and honey bees will be returned to the WVEPBA Youth Committee.

I understand that 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 (a) persons allergic to bee stings and (b) 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 guaranty against being stung.

We/I understand that (a) none of the WVEPBA nor any of its board members and officers, the beekeeping mentor and all other WVEPBA members are responsible for, and (b) we/I will not make any claims of any kind against WVEPBA, its board members and officers, the beekeeping mentor or any other WVEPBA members for any damages or losses which may occur while the applicant is working with the aforementioned bees and equipment.

Furthermore, I agree that by signing this waiver I am releasing the West Virginia Eastern Panhandle Beekeepers Association, its board members and officers, the beekeeping mentor and all other WVEPBA 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 in the pursuit of this project.

SIGNATURES

Applicant _____ date _____

Parent or Guardian _____ date _____

Scholarship Committee Chair _____ date _____

Association President _____ date _____