

Youth Beekeeping Scholarship Program

Sponsored by the Iowa Honey Producers Association (IHPA)

To be completed by a parent or guardian:

How do you feel your child can benefit from this program?

Does your child have any physical disabilities that would not allow him/her to move in or around an apiary? **YES** or **NO**

Do you feel you can support and encourage your child in this effort? **YES** or **NO**

Does anyone in your immediate family have bees? **YES** or **NO**

If so, who? _____

Can you have bees in your area where the bees will be placed? (Please check with your county or city ordinance.) **YES** or **NO**

Please submit two (2) letters of recommendation from non-family members discussing the youth's ability to be successful in this program.

Terms and Conditions of Agreement

The selected Scholarship Program Scholars will receive:

- 1 Woodenware consisting of (2) standard hive deeps, (2) medium honey supers, all with frames and foundation, a bottom board, inner cover and a top cover. (Assembly required)
- 2 A package of bees with queen.
- 3 Necessary equipment, including a smoker, hive tool, beekeeping jacket and gloves.
- 4 1 year of membership, including newsletter, to the Iowa Honey Producers Association
- 5 Registration fees for Beginning Beekeeping Classes, including all educational supplies.
- 6 Mentoring by an IHPA member throughout the year.

The Scholarship Program Scholar will be expected to:

- 1 Attend all and successfully complete the agreed upon Beginning Beekeeping Classes.
- 2 Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
- 3 Successfully keep colony of bees throughout the year.
- 4 Present a final report (could be a display, scrapbook, video etc.) to the membership/coordinator at the 2019 IHPA Annual Meeting.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the 2019 IHPA Annual Meeting upon successful completion of the program criteria and positive evaluation by mentor. The youth scholarship recipient will attend the IHPA meeting to receive a completion certificate and retain ownership of the equipment and honey bees.

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WAIVER/BINDER

We/I understand that neither the IHPA 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 IHPA, and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of the IHPA.

In the event that _____, for any reason, can no longer pursue the beekeeping project, the IHPA Scholarship Program Coordinator shall be notified and the equipment and colony of bees will be returned to the IHPA.

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 the Program Scholar. If the criteria are not met and the youth does not attend the Annual Meeting to receive completion certificate, the youth will be required to reimburse the IHPA for the equipment, classes, and hive of bees. The cost of reimbursement will be \$535.00.

PARENTAL CONSENT

I understand that by signing this I agree to the terms of the scholarship. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with my mentor towards a successful experience over the next year. In the event that the criteria are not met, the scholarship recipient will be asked to reimburse the IHPA the sum of \$535.00 for equipment, classes and hive of bees.

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 the IHPA and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project.

Parent or Guardian Signature

Date

Applicant Signature

Date

Youth Scholarship Program Coordinator

IHPA President

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Selection Criteria

- 1 Youth must be the ages of 13 to 16 by November 1st of the current year.
- 2 Applicant must be currently enrolled in public, private, or home school.
- 3 Applicant **must complete** and return all paperwork, including permission and agreement form signed by parent or guardian.
- 4 The application with supporting documents, as well as the waiver/binder form must be submitted to the Youth Scholarship Coordinator no later than **September 30th** of the current year.
- 5 All applicants must be new to beekeeping, if immediate family members are beekeepers you will **not** be eligible to apply.

Selection Process

- 1 After all applications have been received, a selected committee will carefully consider each and select finalists.
- 2 Finalists will be notified by phone on or before October 20. At this time, finalists will arrange a specific time slot in which to interview.
- 3 Interviews will take place in November during the IHPA Annual Meeting.
- 4 The Youth Beekeeping Scholarship Program Scholars will be announced during the IHPA Annual Meeting. At this time, they will have the opportunity to meet their mentors for the year.

Application Checklist

- 1 Completed application (You must complete all forms to be considered for the scholarship program.)
- 2 Waiver/Binder form, including applicant and parent/guardian signatures
- 3 Summary of Involvement
- 4 Two (2) letters of recommendation

For more information, visit www.iowahoneyproducers.org or contact the coordinator, Stephanie Meyers at: sonshinefarmsia@gmail.com or (641) 691-5036

A copy of the youth's application, waiver form, summary of involvement, and 2 completed recommendation forms should be mailed and postmarked **NO LATER THAN SEPTEMBER 30th** of the current year to:

Stephanie Meyers
IHPA Youth Scholarship Program Coordinator
26362 G Avenue
Hubbard, IA 50122

