

NORTHEAST MISSOURI BEEKEEPERS ASSOCIATION (NEMOBA)

YOUTH BEEKEEPING SCHOLARSHIP PROGRAM APPLICATION/AGREEMENT

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 a vocation and gain the potential to pursue beekeeping as a sideline or full time vocation.

THE AWARD

- A one year membership in the Northeast Missouri Beekeepers Association (NEMOBA).
- A beginning beekeeper class registration and text materials.
- Woodenware consisting of: (2) standard hive deeps; frames and foundation; bottom board; inner cover and a top cover.
- A package of bees for the hive.
- Beekeeping gear: hat; veil; gloves; hive tool and bee smoker.
- Mentoring by NEMOBA membership for one year including assistance in extracting the first year's honey crop.

ELIGIBILITY

- The applicant must be ages of 8 through 18 by January 1 of the year applied for.
- The applicant must be a resident Lewis, Clark, Scotland, or Knox County, Missouri.
- The applicant must be currently enrolled in public, private, or be home schooled.
- The applicant is encouraged to be enrolled in 4-H or FFA but not required.
- The applicant must have permission and agreement from parent or guardian.
- The application must be submitted to the Northeast Missouri Beekeepers Association (NEMOBA) no later than the first Monday in January of the application year.

PROGRAM COMMITTEE

- Finalists will be selected by the Youth Program Committee consisting of the President, Vice-President and two other NEMOBA members.
- The Program Committee will arrange an interview with finalists and parents/guardian.
- The Scholarship will be awarded to the applicant selected by the Program Committee and presented at our beginning beekeeping class.

APPLICATION

Name _____

Date of Birth _____

Address _____

City/St _____ Zip _____

Phone _____

E-mail address _____

Parent or Guardian _____

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

Is there any family member who is a beekeeper? Yes ___ No ___

If yes, what is the relationship and where do they live? _____

Write an essay of 250 words or more on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship. (Attach a separate sheet for your essay.)

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

any member of your immediate family have bees? _____

TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive the items listed above under section "THE AWARD." Any additional equipment will be at the expense of the scholarship recipient.

The recipient will also receive the additional benefit of the right to participate in the Associations monthly meeting.

If the scholarship recipient has met all requirements a Certificate of Completion and full ownership of the colony and the equipment will be presented at our beginning beekeeping class of the following year.

The recipient will be expected to

- Attend our beginning beekeeper class and field day with a parent or guardian that will be taken into consideration for awarding sponsorship.
- Present a short progress report of the activities to date.
- The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports. This written record can be presented as a display, scrapbook, video, or any combination of these.
- Give a final report to be presented at our January meeting of the following year.

WAIVER/BINDER

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

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

Parent/Guardian _____

Applicant _____

Scholarship Committee Chair _____

Association President _____

Applications may be emailed to nemobeekeepers@gmail.com or brought to our January meeting. (Applications received after the first Monday in January will not be considered.)

See web site: <http://www.nemoba.org> or Join our Facebook Page : Northeast Missouri Beekeepers Association (NEMOBA)