



## The **MBA** Hill/Stokes Memorial Youth Scholarship Application/Agreement for 2018

### **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 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 sideline or full time vocation.

### **The Award**

1. A one year family membership in the **Metro Beekeepers Association**.
2. An eleven month beekeeper course and course book.
3. A set of wooden-ware for a beehive.
4. A nuc or package of bees for the hive.
5. Beekeeping gear: hat, veil, gloves, hive tool, bee brush, and bee smoker.
6. Mentoring by a **MBA** member for one year.

### **Eligibility**

1. The applicant must be between the ages of 12 and 18 by January 1, 2018.
2. The applicant must be currently enrolled in public, private or home school.
3. The applicant must have permission and agreement from parent or guardian.
4. The applicant and immediate family cannot have any bee colonies prior to 2018.
5. The application must postmarked or e-mailed by December 7, 2017 to:

**Metro Beekeepers Association**  
c/o Stan Key  
8413 Castle Creek Road  
North Richland Hills, Texas 76182  
Or email to: [StanKey.Texas@gmail.com](mailto:StanKey.Texas@gmail.com)

### **Program Committee**

1. Finalist will be selected by the **MBA** Youth Scholarship Committee.
2. The **MBA** Youth Scholarship Committee will interview with finalists and their parent/guardian on Saturday **December 9, 2017**.

The scholarship will be awarded to the recipient selected by the **MBA** Youth Scholarship Committee and presented at the **MBA January 8, 2018** meeting.

## MBA Youth Scholarship Program Application

Applicant Name:

Date of Birth

Address

City:

Zip:

Phone

E-Mail

Parent or Guardian Name:

Parent or Guardian Phone Number:

Please summarize your involvement in school, community, church, and other youth or civic organizations.

## **MBA Youth Scholarship Program Application**

Applicant Name: \_\_\_\_\_

Write a brief paragraph on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship.


**Parent/ Guardian:**

Do you feel your child can benefit from the program?

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

Does anyone in your immediate family have bees or have your kept bees before, if so when?

# MBA Youth Scholarship Program Application

## Terms and Conditions

The recipient of this scholarship will receive wooden-ware consisting of a standard hive body with frames and foundation, a bottom board, a top cover, a nucleus of bees with queen, bee suit and other necessary beginner's equipment to start the beekeeping project. The recipient will also receive the additional benefit of: (1) a one year family membership of the MBA, (2) will be able to participate in the Association's monthly youth meeting, and quarterly field trips. (3) will receive the association e-mails, (4) beginning beekeeping orientation and beginner's beekeeping book, (5) mentoring by a MBA member throughout the year (minimum four sessions with a mentor inspecting and observing hives), and (6) will receive association assistance in extracting the first year's honey crop.

The recipient will be expected to attend at least 8 out of 11 MBA beekeeping classes between January 2018 and November 2018. The recipient will be expected to attend at least 50% (minimum of six) MBA's general meetings between the January 2018 and December 2018. At each meeting attended the recipient will 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. A final report will be presented at the November or December 2018 meeting. Successful attendance 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 2018 meeting if the scholarship recipient has met all requirements.

## Waiver/Binder

We/I understand that neither MBA 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 MBA, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period without the written consent of MBA. In the event that my child loses interest or can no longer pursue the beekeeping project, MBA shall be notified and the equipment and colony of bees will be returned to MBA. 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 bee stings and has my consent to accept this scholarship if chosen. Furthermore, I agree that by signing this waiver I relieve the MBA 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