

## Tri-County Beekeepers Association Youth Development Program Application

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address if different from applicants:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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 for this scholarship:

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? \_\_\_\_\_

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

**Send Completed Application, letter and signed terms and conditions of agreement to:**

Adam Molitor  
7478 85<sup>th</sup> St. NE  
Foley, MN 56329

## TERMS AND CONDITIONS OF AGREEMENT

The recipient of this scholarship will receive woodenware consisting of 3 deep bodies with frames and foundation, a bottom board, a top cover, an inner cover, 2 honey supers, a nucleus or 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 one-year membership in the Tri-County Beekeepers Association, 2. Mentoring by a Tri-County Beekeepers Association member throughout the year, 3. Assistance in extracting the first years honey crop, 4. Complimentary attendance for recipient and family to a Tri-County Beekeepers Association Introduction to Beekeeping course

The recipient and at least one parent will attend a Tri-County Beekeepers Association Introduction to Beekeeping course and the recipient will attend at least 5 of the twelve Tri-County Beekeepers Association regular monthly meetings (first Tuesday 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 meeting of a youth civic organization on the keeping of bees. The recipient will attend the November meeting of the Tri-County Beekeepers Association 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 November meeting of the Tri-County Beekeepers Association 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 honeybees and equipment provided to the applicant remain the property of the Tri-County Beekeepers Association and cannot be sold, given

away, traded or destroyed during the qualifying period without the written consent of the Tri-County Beekeepers Association Youth Committee.

In the event that the applicant loses interest or can no longer pursue the beekeeping project, the Tri-County Beekeepers Association Youth Committee will be notified and the equipment and honeybees will be returned to the Tri-County Beekeepers Youth Committee.

We/I understand that honeybees 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 guarantee against being stung.

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

Furthermore, We/I agree that by signing this waiver I am releasing the Tri-County Beekeepers Association, its board members and officers, the beekeeping mentor and all other Tri-County Beekeepers Association members from and liability for all claims for damages and losses of any kind, including those arising from and accidents or mishaps which may occur to the applicant and/or participating parent in the pursuit of this project.

## SIGNATURES

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SCHOLARSHIP COMMITTEE CHAIR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ASSOCIATION PRESIDENT

\_\_\_\_\_  
DATE