



# Elm Fork Beekeepers Association Youth Beekeeping Scholarship Application/Agreement

---

## Objectives

- To educate youth in the art of beekeeping to promote a better understanding of the value of honey bees to our environment and to the food chain.
- To provide an opportunity for youth to gain experience, responsibility, and enjoyment through beekeeping.
- 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.
- To further EFBA's mission of educating the public about the importance of honey bees.

## Eligibility

- The applicant must be between the ages of 11 and 18 by January 1st of 2020.
- The applicant must be willing to travel to monthly meetings and classes.
- The applicant must be currently enrolled in public, private, or home school.
- The applicant must have permission and agreement from parent or guardian.
- The applicant must reside in Cooke or a surrounding county.
- The application must be submitted to EFBA no later than **December 31th** of 2019.
- The applicant or the applicant's immediate family cannot already be maintaining honey bee colonies prior to 2019.

## The recipient will be provided:

- A set of woodenware for a beehive.
- A nucleus or package of honey bees for the hive.
- Beekeeping equipment: hat, veil, gloves, hive tool, and bee smoker.
- A beginning beekeeper seminar (18 hours, over 3 classes, held once a month in the first part of the year), registration and textbooks.
- Membership in EFBA for the duration of the scholarship (Jan 2020-June 2021).
- Mentoring by a EFBA member from receipt of bees till June 2021.
- Location to extract honey, free of charge to the student for the first year.

## Program Committee

- Finalists will be selected by the Scholarship Program Committee.
- The Committee will arrange an interview with scholarship finalists and their parents or guardian.
- The scholarship will be awarded to the applicant selected by the Scholarship Committee.



# Elm Fork Beekeepers Association Youth Beekeeping Scholarship Application/Agreement

---

## Required Student Development Activities

- ✓ Attend all three beekeeping classes (both the student and parent/guardian).
- ✓ Attend at least 12 of the association monthly meetings during the 18 month scholarship period.
- ✓ By January 31, the student will write a paragraph about themselves for the EFBA Website, as introduction to the club.
- ✓ In the course of the scholarship, the student will:
  - (1) Present a short progress report of their beekeeping activities to date. This is called the hive report.
  - (2) Research and present a honey bee related topic to an audience.
  - (3) Write a follow up report of researched topic for the EFBA Website by following month of their presentation.
  - (4) Help facilitate the regular monthly meetings by assisting in various roles.

## The Award

Upon successful completion of all requirements, a Certificate of Completion and full ownership of the colony and the equipment will be presented at the June 2021 meeting at the conclusion of the 18 month scholarship period.

For additional information: Call Michael Barber at 940-206-3810

Email applications to: [Scholarships@elmforkbeekeepers.org](mailto:Scholarships@elmforkbeekeepers.org)

Drop off or mail to: EFBA Scholarships, 301 S. Chestnut Street, Gainesville, TX 76240



# Elm Fork Beekeepers Association Youth Beekeeping Scholarship Application/Agreement

---

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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Elm Fork Beekeepers Association Youth Beekeeping Scholarship Application/Agreement

---

---

---

**Parent / 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 honey bees?

## Terms and Conditions of Agreement

The recipient of this scholarship will be provided woodenware consisting of two standard hive bodies with frames and foundation, a honey super with frames and foundation, a screened bottom board, an inner cover, a telescoping outer cover, a nucleus or package of honey bees with queen, and the necessary beginner's equipment to start the beekeeping project (hat, veil, gloves, hive tool, and bee smoker).

The recipient will also receive the additional benefit of: (1) beginning beekeeping classes for both the parent/guardian and student (18 hours, over 3 classes, held once a month in the first part of the year; free registration and textbooks); (2) membership in the Elm Fork Beekeepers Association (EFBA) for the duration of the scholarship; (3) mentoring by a EFBA member throughout the scholarship period; (4) free extraction time for the student's first honey crop during the scholarship period.

The recipient will be required to: (1) attend all beginning beekeeping classes (both the student and parent/guardian); (2) attend at least 12 of the EFBA monthly meetings during the 18 month scholarship period; (3) write a brief paragraph of introduction about themselves by January 31 for the EFBA website; (4) present a short progress report of their beekeeping activities (hive report); (5) research and present a honey bee related topic to an audience; (6) write a follow up report of researched topic to be published the month after their presentation; (7) help facilitate the regular monthly meetings by assisting in various roles.

Upon successful completion of all requirements, a Certificate of Completion and full ownership of the colony and the equipment will be presented at the June 2021 meeting at the conclusion of the 18 month scholarship period.

**Waiver & Binder:**

We/I understand that the Elm Fork Beekeepers Association (EFBA), nor any of its members, are responsible for any accidents or injuries which may occur while my child, \_\_\_\_\_, is working with the aforementioned honey bees or equipment.

We/I also understand the honey bee colony and equipment remains the property of the Elm Fork Beekeepers Association (EFBA) until successful completion of the program. No EFBA provided items can be sold, given away, or destroyed during the 18 month mentoring period for the scholarship.

In the event that recipient loses interest or can no longer pursue the beekeeping project, EFBA must be notified immediately and all equipment, colony of honey bees, and hive must be returned in proper condition to the Elm Fork Beekeepers Association (EFBA).

We/I understand that any additional costs associated with this project that are outside of the initial scope of the scholarship (e.g. sugar feed/treatments/additional hive components/additional equipment) will be our responsibility and will not be provided by EFBA.

We/I understand that upon successful completion of the 18 month mentoring program, and fulfillment of the stated conditions, the recipient will be presented a Certificate of Achievement from the program and receive full ownership of his/her beehive and related equipment to do with as they please.

We/I understand that by signing this document we are granting consent to be photographed and your permission for any photos taken to be used by EFBA for the website or printed material.

**Parental Consent:**

I am the above named applicant’s parent or guardian. He/she is not known to be allergic to honey bee stings and has my consent to accept and complete this scholarship if chosen. Furthermore, I agree that by signing this waiver, I release the Elm Fork Beekeepers Association (EFBA) and their members from any liability for any accident or mishap that may occur in 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.

**Signatures:**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent or Guardian                      Date

\_\_\_\_\_  
EFBA Scholarship Chairman      Date

\_\_\_\_\_  
EFBA President                              Date

For additional information and to submit an application, please email:  
[Scholarships@elmforkbeekeepers.org](mailto:Scholarships@elmforkbeekeepers.org)