

# **Aiken County Beekeepers Association Youth Beekeeping Scholarship Program Application/Agreement for 2019**

## **Objective**

1. 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.
2. To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
3. To provide an avenue for youth to engage in a avocation and gain the potential to pursue beekeeping as a sideline or fulltime vocation.

## **Applicant Eligibility**

1. Be under the age of 18 at time of application.
2. Be in 9<sup>th</sup> or 10<sup>th</sup> grade and enrolled in public, private, or home school.
3. A resident of Aiken County or a neighboring county or a member of Aiken County Beekeepers Association.
4. Permission and agreement from parent or guardian.
5. Submit the application to the Aiken County Beekeepers Association by the last Friday in October.

## **The Award**

1. A one-year membership in the Aiken County Beekeepers Association and the South Carolina Beekeepers Association.
2. Registration in a beginning beekeeper seminar and a textbook.
3. A set of woodenware for a beehive consisting of a standard deep hive body, frames with foundation, a bottom board and a top cover.
4. A nucleus or package of bees with a queen in April or May.
5. Beekeeping gear: hat, veil, gloves, hive tool and bee smoker in April or May.
6. Mentoring by an Aiken County Beekeeper Association member for a year.
7. Assistance from the Aiken County Beekeepers Association in extracting the first years honey crop.
8. A certificate of completion and full ownership of the colony and the equipment will be presented at the Aiken County Beekeepers meeting.

## **Applicant Requirements**

1. Submit the scholarship application by the due date.
2. A parent will participate in a field day in a local apiary.
3. Attend all classes for the beginning beekeeper.
4. Assemble wooden ware as a “winter project” and will provide status with members of Aiken County Beekeepers Association.
5. Attend at least 50% of the Aiken County Beekeepers Association meetings for the year that the scholarship is awarded.
6. Keep a written record with dates, photos and other pertinent data sufficient to substantiate progress.
7. Provide progress reports to create an exhibit to be included within monthly meetings and other presentation opportunities.
8. Provide mentoring to other Youth Beekeepers.

## **Program Committee**

1. The Youth Program Committee will select the recipient.
2. The Program Committee will interview the applicant and parent/guardian.
3. The scholarship will be awarded during the January meeting of the Aiken Beekeepers Association.members.

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Application

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

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 the scholarship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 bees?

\_\_\_\_\_  
\_\_\_\_\_

Waiver/Binder

We/I understand that Aiken County Beekeepers Association, South Carolina Beekeepers Association Youth Education Program or any of the members of either group are not liable for any accidents or injuries which may occur while my child,

\_\_\_\_\_, is working with the aforementioned bees and equipment.

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We/I also understand the bee colony and equipment remain the property of the Aiken County Beekeepers Association, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period without the written consent of the Aiken County Beekeepers Association.

In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, Aiken County Beekeepers Association shall be notified and the equipment and colony of bees will be returned to Aiken County Beekeepers Association. 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 Aiken County Beekeepers Association, South Carolina Beekeepers Association Youth Education Program and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project. I have read and understand the terms of this agreement

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Scholarship Committee Chair

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

\_\_\_\_\_  
Aiken County Beekeepers Association President

By filling out and submitting this form, either electronically or otherwise, I understand that I am fully agreeing to all Terms and Conditions set forth herein.

Mail the completed application to:  
Aiken County Beekeepers Association  
ATTN: Youth Scholarship  
P. O. Box 1854  
Aiken, SC 29802