

CVBA Youth Beekeepers Scholarship Program

Objectives

- To provide a hands-on educational opportunity for youth to learn the art of beekeeping and the importance of honeybees
- To provide an opportunity for youth to experience the responsibility and enjoyment that comes with apiary management
- To provide an opportunity for youth to engage in beekeeping from a vocational standpoint, with the potential for beekeeping to become a sideline or full-time vocation

Eligibility

- Youth must be 12 – 18 years of age by November 1st of the current year
- Have permission to apply from a parent or legal guardian
- Must have completed or going to complete the three-section Introduction to Beekeeping course sponsored by the CVBA that teaches basic hive and management practices. Cost of the course will be covered by CVBA, as well as the cost of parent(s) or guardian(s) to attend the class.
- Must be willing and able to contribute the appropriate time and effort as set forth in the apiary agreement.
- Submit all application documents to the CVBA postmarked (if mailed) by Dec. 1st before the awarded year.
- Finalists and their parent(s)/guardian(s) must be available for an interview with members of the Apiary Committee.

Selection Process

- All eligible applicants will be considered, and finalists will be selected by the Youth Scholarship Committee in conjunction with the CVBA Apiary Committee.
- Finalists will be notified Dec. 20th and will select a time slot for interview, which will be scheduled in January.

CVBA Scholar will receive

- A site at the CVBA Community Apiary, free of charge (if applicable)
- Two standard deep hive bodies with frames and foundation
- Three medium honey supers with frames and foundation
- Solid bottom board, inner cover, entrance reducer and telescoping outer cover
- Queen excluder
- Top feeder (or frame feeder)
- Nucleus colony or package of bees and queen, and a queen-right colony for the two-year term
- Mite treatment of the hive for two seasons
- Smoker, hive tool, bee brush, and winterization materials, including a winter-feeding system (candy board)
- Introduction to Beekeeping three-section course and the accompanying materials
- Regular on-site mentoring by CVBA member

The CVBA scholar and Parent/Guardian agrees to:

- A commitment to the program from the time of selection through December the following year.
- Abide by all procedures spelled out in the apiary contract, which must be signed by parent(s)/guardian(s)
- Keep written records of their hive management with dates, photos, and data, including documentation of mentoring they received
- Provide sugar for Spring, Fall and Winter emergency feed as needed.
- Acquire a protective suit with veil and gloves
- Travel to and attend CVBA meetings
- Give a presentation at the CVBA meeting after their first and second seasons
- Participate in the Youth Scholarship Bee Program promotions
- Work one four-hour shift at the Northern Wisconsin State Fair
- Have their image or likeness published both online and on any promotional material the Association wishes to use.

Important notes

- Equipment and bees remain property of the CVBA until completion of the 2nd year
- If choosing not to use CVBA Community Apiary, Site must be approved by representative of CVBA and assigned CVBA Mentor prior to receiving bees
- Bees and equipment cannot be sold, given away transferred in any manner or destroyed during the two-year program. Honey and wax can be sold or given away.
- Upon completion of the 2nd year of the program, if the scholar wishes to continue beekeeping, the scholar will be presented with a CERTIFICATE OF OWNERSHIP, and full ownership of the equipment and bees.
- If, at any time during the two-year program, the scholar cannot continue beekeeping, or no longer wishes to continue beekeeping, has neglected to care for the bees and equipment, or has substantially failed to meet requirements of the program, CVBA will take custody of the bees and equipment. Written notification is required in any case of termination, as described in the waiver/binder.

Waiver/Binder

We/I understand that neither the CVBA or CVBA mentor, nor any of the CVBA officers and members of the CVBA are liable for any accidents or injuries which may occur while the scholar _____ and/or parent(s) or guardian(s) is working with the bees and equipment.

We/I understand the honeybees are unpredictable, and that the participating Scholar, parent(s) /guardian(s), and observers risk being stung by bees. Special risks, including death, from allergic reactions to honeybee venom, are inherent for (a) persons allergic to honeybee stings and (b) those who do not know whether they are allergic to honeybee stings, when those persons practice beekeeping. And although all persons working with the bees are required to wear protective clothing, wearing protective clothing is not a guarantee against being stung. All medical treatment is the responsibility of the Scholar's Parent(s)/guardian(s).

We/I also understand that the bees and equipment are the property of the CVBA, and cannot be sold, given away, or transferred in any manner, or destroyed during the two-year program without written consent of the CVBA.

In the event that the Scholar, _____, for any reason can no longer pursue the beekeeping program, the CVBA Scholarship Committee shall be notified in writing and bees and equipment returned to the CVBA. If the organization has determined that the Scholar has not complied with the requirements of the program to the extent that the scholarship must be terminated, the Scholar and parent(s)/guardian(s) will be notified in writing of that termination. Upon successful completion of the two-year program, the scholar will be presented a certificate of ownership by the CVBA and will then own all equipment and bees.

We/I give my consent for my and my minor’s image or likeness to be used for promotional purposes.

Parental Consent

I am the applicant’s parent/guardian. I understand that by signing this form, I agree to Terms & conditions of the program. I understand the risks involved in beekeeping, and I am confirming that the Applicant _____, has no known allergies to honeybee venom. I am willing to travel and attend the required CVBA events with the Scholar and fully commit to work with the CVBA mentor towards a successful experience over the next two years

Parent or Guardian Signature

Date

Applicant Signature

Date

CVBA President

Date

CVBA Mentor

Date