

## 2023 WHPA Youth Beekeeper Scholarship Program

### Objectives

- To provide a hands-on educational opportunity for youth to learn the art of beekeeping and the importance of honey bees
- 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 side-line or full-time vocation

### Eligibility

- Youth must be ages 12—18 years of age by November 1<sup>st</sup> of the current year.
- \* Adults applying for educational purposes must be in a teaching/instructor role and overseeing an educational beekeeping program for youth in a non-profit setting.
- Must be a resident of the state of Wisconsin.
- Have permission to apply from a parent or guardian.
- Have an apiary location that meets local municipality guidelines.
- Must have completed or be registered to complete an introductory beekeeping course that teaches Langstroth hive-based beekeeping and management practices that are in agreement with the philosophy of the WHPA.
- Must be willing and able to contribute the appropriate time and effort.
- Submit all application documents to the Wisconsin Honey Producers Association postmarked by **October 1, 2022**.
- Finalists and their parent/guardian must be available for an interview during the November annual convention.

### Selection Process

- All applications will be considered and finalists will be selected by the WHPA Education Committee.
- Finalists will be notified by October 15<sup>th</sup> and will select a time slot for an interview at the WHPA Annual Convention.
- Interviews of the finalists will be conducted by the WHPA Education Committee and available members of the WHPA Board of Managers.
- The Youth Beekeeping Scholars will be announced during the WHPA Annual Convention.
- The WHPA Education Committee will coordinate the assignment of mentors to the Scholars along with the distribution of equipment and bees at the appropriate times.

## WHPA Youth Beekeeper Scholarship Program

### Terms & Conditions

#### The WHPA Scholar will receive:

- Woodenware consisting of 2 standard 10-frame deep hive bodies with frames and foundation
- Solid bottom board, entrance reducer, metal mouse guard, inner cover, and telescoping outer cover
- 2 medium honey supers with frames and foundation
- Queen excluder
- Top Feeder
- Nucleus colony or package of bees with queen
- Protective suit with veil and gloves
- Smoker, hive tool, bee brush
- Regular on-site along with telephone/internet mentoring by WHPA Mentors
- Paid 2-year membership to the WHPA and 2-year paid registration fees for all WHPA meetings
- Up to 3 tickets each year of the scholarship for the Annual Convention Banquet.

#### The WHPA Scholar and Parent/Guardian agrees to:

- A 2-year commitment to the program.
- Keep a written record of their management with dates, photos, and data including documentation of the mentoring they receive.
- Travel to and attendance at the WHPA Annual Convention, and either the Summer Meeting or one Spring District Meeting annually.
- Give an oral or slide show presentation at the WHPA Annual Fall Convention after their 1<sup>st</sup> and 2<sup>nd</sup> seasons.
- Volunteer at the Kids and Bees Expo at the WHPA Annual Fall Convention and/or work at least one shift at the WHPA Wisconsin State Fair booth annually.
- Submit monthly articles and photos for the Badger Bee newsletter.

#### Important Notes:

- Equipment and bees remain the property of WHPA until the completion of the 2<sup>nd</sup> year of the program
- Bees and equipment cannot be sold, given away, transferred in any manner, or destroyed during the 2-year program (honey and wax harvested from the colony may be sold or given away).
- Upon completion of the 2<sup>nd</sup> year of the program, if the Scholar wishes to continue beekeeping, the Scholar will be presented with a **Certificate of Completion** and receives full ownership of the equipment and bees.
- If, at any time during the 2 year program, the Scholar cannot continue beekeeping, no longer wishes to continue beekeeping, has neglected to care for the bees and equipment, or has substantially failed to meet the requirements of the program, the WHPA will take custody of the bees and equipment.

**WHPA Youth Beekeeper Scholarship Program**

**Waiver/Binder**

We/I understand that the WHPA, the WHPA Mentor(s), nor any of the WHPA Officers and Members are liable for any accidents or injuries which may occur while the scholar, \_\_\_\_\_, is working with the aforementioned bees and equipment. We/I release the WHPA, the WHPA Mentor(s), and the WHPA Officers and Members from any liability for all claims for damages and losses of any kind, including those arising from any accidents or mishaps which may occur to the scholar and or the participating parent/guardian in the pursuit of this program.

We/I understand that honey bees are unpredictable and that the participating scholar, parent/guardian, and observers risk being stung by the bees. Special risks, including death, from allergic reactions to honey bee venom, are inherent for (a) persons allergic to honey bee stings and (b) those who do not know whether they are allergic to honey bee stings, when those persons practice beekeeping, and although protective gear is provided to the scholar, it is not a guarantee against being stung. All medical treatment is the responsibility of the scholar's parent(s) or guardian(s).

We/I also understand that the bees and equipment remain the property of the WHPA, and cannot be sold, given away, transferred in any manner, or destroyed during the 2 years of the program without the written consent of the WHPA.

In the event that the scholar, \_\_\_\_\_, for any reason can no longer pursue the beekeeping program, the WHPA shall be notified and the bees and equipment will be returned to the WHPA.

Upon successful completion of the 2 year program, the scholar will be presented a *Certificate of Completion* of the program at the WHPA Annual Convention and full ownership of the bees and equipment will be transferred to the scholar at that time.

**Parental Consent**

I am the applicant's parent/guardian. I understand that by signing this form, I agree to the Terms & Conditions of the program. I understand the risks involved in beekeeping, and I am confirming that the applicant, \_\_\_\_\_, has no know allergies to honey bee venom. I am willing to travel and attend the required WHPA events with the scholar and fully commit to work with the WHPA Mentor(s) towards a successful experience over the next 2 years. I will be present to supervise all interactions between the applicant and his/her mentor(s).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
WHPA Youth Beekeeper Scholarship Coordinator

\_\_\_\_\_  
WHPA President



**WHPA Youth Beekeeper Scholarship Program**

**Application (continued)**

Do you know a beekeeper? Yes / No

If Yes, name: \_\_\_\_\_

**Please include a Letter of Recommendation from a non-family member highlighting the applicant's ability to succeed in this program.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date