## **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.
- 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 including inspections, feeding, equipment maintenance, mite checks and treatments, attending classes and WHPA events, and learning more about the craft by working with a mentor, reading, watching webinars, etc. Appropriate time and effort could range from 30 minutes to several hours per week.
- Submit all application documents to the Wisconsin Honey Producers Association postmarked by **February 15, 2024.**
- Finalists and their parent/guardian must be available for an interview in March.

#### **Selection Process**

- All applications will be considered and finalists will be selected by the WHPA Education Committee.
- Finalists will be notified by March 1st and will select a time slot for an interview.
- Finalist interviews will be conducted by the WHPA Education Committee and available members of the WHPA Board of Managers.
- The Youth Beekeeping Scholars will be announced no later than March 30<sup>th</sup>.
- 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.

#### **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 complimentary 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, including (but not limited to) regular interaction with mentor and ethical animal husbandry.
- 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 WHPA Summer Meeting or one WHPA 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 and attend presentation preparation meetings with the program coordinator in the weeks prior to the convention.
- Volunteer at the Kids & 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.

# Waiver/Binder

We/I understand that the WHPA, the WHPA Mentor(s), n	nor any of the WHPA Officers and Members are liable for any
accidents or injuries which may occur while the scholar, _	
working with the aforementioned bees and equipment. $\ensuremath{^{\text{\tiny V}}}$	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.	
risk being stung by the bees. Special risks, including deat (a) persons allergic to honey bee stings and (b) those who	that the participating scholar, parent/guardian, and observers th, from allergic reactions to honey bee venom, are inherent for do not know whether they are allergic to honey bee stings, protective gear is provided to the scholar, it is not a guarantee sibility of the scholar's parent(s) or guardian(s).
	in the property of the WHPA, and cannot be sold, given away, ars 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	
scholar at that time.	ship of the bees and equipment will be transferred to the
raiei	ital Consent
program. I understand the risks involved in beekeeping,	by signing this form, I agree to the Terms & Conditions of the and I am confirming that the applicant, no known allergies to honey bee venom. I am willing to travel
	nd fully commit to work with the WHPA Mentor(s) towards a
·	sent to supervise all interactions between the applicant and
Parent or Guardian Signature	Date
Applicant Signature	 Date
WHPA Youth Beekeeper Scholarship Coordinator	——————————————————————————————————————
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# WHPA Youth Beekeeper Scholarship Program Application

Name		Age	Date of Birth	
Address				_
Phone	Email			
Name of Parent/Guardian				
Parent's Phone	Parent's Email_			
Summary of Applicant's involveme	nt in school, community, chur	rch, civic and oth	er youth organizations	
	•		g, and what you hope to accomplish	i <b>f</b>

# **Application (continued)**

Do you know a beekeeper? Yes / No	
If Yes, name:	
Please include a Letter of Recommendation from a non-famil succeed in this program.	y member highlighting the applicant's ability to
Applicant Signature	Date
Parent/Guardian Signature	Date

Mail or Email completed application to:
Stephanie Slater – WHPA Youth Beekeeping Program
612 E. Market St.
Unit 102
Elkhorn, WI 53121
stephanie.d.slater@gmail.com