#### **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 October 31, 2024.
- Finalists and their parent/guardian must be available for an interview in November/December.

#### **Selection Process**

- All applications will be considered and finalists will be selected by the WHPA Education Committee.
- Finalists will be notified by November 15, 2024, and will select a time slot for an interview no later than December 31, 2024.
- 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 by January 15, 2025.
- 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 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 attend 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 and attend presentation preparation meetings with the program coordinator in the weeks prior to the convention.
- 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.

## Waiver/Binder

We/I understand that the WHPA, the WHPA Mentor(s), nor ar	
accidents or injuries which may occur while the scholar, working with the aforementioned bees and equipment. We/I Officers and Members from any liability for all claims for dama any accidents or mishaps which may occur to the scholar and program.	release the WHPA, the WHPA Mentor(s), and the WHPA ages and losses of any kind, including those arising from
We/I understand that honey bees are unpredictable and that risk being stung by the bees. Special risks, including death, from (a) persons allergic to honey bee stings and (b) those who do when those persons practice beekeeping, and although protest against being stung. All medical treatment is the responsibility	om allergic reactions to honey bee venom, are inherent for not know whether they are allergic to honey bee stings, ctive gear is provided to the scholar, it is not a guarantee
We/I also understand that the bees and equipment remain th transferred in any manner, or destroyed during the 2 years of	
In the event that the scholar, the beekeeping program, the WHPA shall be notified and the	
Upon successful completion of the 2 year program, the scholar program at the WHPA Annual Convention and full ownership scholar at that time.	
Parental (	Consent
I am the applicant's parent/guardian. I understand that by sign program. I understand the risks involved in beekeeping, and I, has no known and attend the required WHPA events with the scholar and fursuccessful experience over the next 2 years. I will be present his/her mentor(s).	am confirming that the applicant, now allergies to honey bee venom. I am willing to travel ally commit to work with the WHPA Mentor(s) towards a
Parent or Guardian Signature	Date
Applicant Signature	 Date
WHPA Youth Beekeeper Scholarship Coordinator	WHPA President

# WHPA Youth Beekeeper Scholarship Program Application

Name		Age	Date of Birth	
Address				
City				
Phone	Email			
Name of Parent/Guardian				
Parent's Phone	Parent's Ema	il		
Summary of Applicant's involvemen	nt in school, community, ch	urch, civic and oth	er youth organizations	
Write a brief paragraph on why you you are chosen for this scholarship.	•	•	•	plish if

## **Application (continued)**

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

Stephanie Slater – WHPA Youth Scholar Program Coordinator

612 E. Market Street Unit 102

stephanie.d.slater@gmail.com

Elkhorn, WI 53121