

2026 WHPA Youth Beekeeper Scholarship Program

Objectives

- To provide a hands-on educational opportunity for youth to learn the craft 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 between 12 and 18 years of age by November 1st 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, 2026.**
- Finalists and their parent/guardian must be available for an interview in December.
- Only one application may be submitted per family. If siblings wish to participate, they must apply together using a single family application and, if selected, will jointly participate in the program. A family may not submit separate applications for individual siblings in the same or future application cycles. Each sibling included in a family application must meet all program eligibility requirements and agree to fulfill the responsibilities of the scholarship.

Selection Process

- All applications will be considered and finalists will be selected by the WHPA Education Committee.
- Finalists will be notified by December 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 January 1st.
- 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 Youth 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.

*Each selected family will receive one hive setup and one colony of bees. Each participating sibling will receive individual protective equipment, a hive tool, and association membership. All other tools and equipment listed above will be shared by the family.

The WHPA Scholar and Parent/Guardian agree 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 Fall Convention (November), and either the Summer Meeting (June/July) or one Spring District Meeting annually.
- Give an oral or slide show presentation at the WHPA Annual Fall Convention after their 1st and 2nd 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 in the WHPA Wisconsin State Fair booth annually.
- Submit monthly articles and photos for the Badger Bee newsletter.
- When siblings participate through a family application, each sibling is expected to participate actively in the care and management of the shared colony, maintain program records, work with the assigned mentor, attend required events and meetings, contribute to newsletter submissions, and participate in required presentations and volunteer activities.

Important Notes:

- Equipment and bees remain the property of WHPA until the completion of the 2nd 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 2nd 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.
- Applicants must identify all siblings who will participate in the program at the time the application is submitted. Additional siblings may not be added after a scholarship has been awarded without prior approval from the WHPA Education Committee.

WHPA Youth Beekeeper Scholarship Program

Waiver and Binding Agreement

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 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 with a *Certificate of Completion* of the program at the WHPA Annual Fall 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 known 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

Name _____ Age _____ Date of Birth _____

Address _____

City _____ Zip Code _____

Phone _____ Email _____

Name of Parent/Guardian _____

Parent's Phone _____ Parent's Email _____

Summary of Applicant's involvement in school, community, church, civic and other youth 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 this scholarship. _____

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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