

**Central Ohio Beekeepers Association ("COBA")  
Youth Beekeeping Scholarship Program**

**Application Agreement**

**Objectives**

To educate youth in the art of beekeeping and to promote a better understanding of the value of honeybees to our environment and to the food chain.  
To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.  
To provide an avenue for youth to engage in a vocation and gain the potential to pursue beekeeping as a sideline or fulltime vocation.

**The Award**

A one year membership in the Central Ohio Beekeepers Association  
A beginning beekeeper school registration and textbook  
A set of woodenware for a beehive  
A nuc or package of bees for the hive  
Beekeeping gear: hat, veil, gloves, hive tool, and bee smoker  
Mentoring by a COBA member for one year

**Eligibility**

The applicant must be between the ages of 13 and 18 by December 1st of the year of the school.  
The applicant must be a resident of central Ohio.  
The applicant must be currently enrolled in public, private, or home school.  
The applicant must have permission and agreement from parent or guardian.  
The applicant must be submitted to COBA no later than Jan. 14th of the current year of the school.

**Program Committee**

Finalists will be selected by the Youth Scholarship Committee.  
The Scholarship Committee will arrange an interview with scholarship finalists and their parent/guardian.  
The scholarship will be awarded to the applicant selected by the Scholarship Committee and presented at the COBA February meeting.

**Please send both pages of the application to:**

Central Ohio Beekeepers Association  
Attn: Mike Hatter  
PO Box 12  
Magnetic Springs, OH 43036

**Application**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Gaurdian signature \_\_\_\_\_

I agree to the Terms and Conditions of the COBA Youth Beekeeping Scholarship Program.  
(See last page of application.)

**Questions to be answered by the Applicant**

Please give a summary of your involvement in school, community, church, and other youth or civic organizations.

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Write a brief paragraph on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship.

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**For the Parent or Guardian to answer:**

Do you feel your child can benefit from this program?

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Do you feel you can support and encourage your child in this effort?

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Do you have a place to keep a hive of honeybees? \_\_\_\_\_

Does anyone in your immediate family have bees?

\_\_\_\_\_

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### **Terms and Conditions COBA Youth Beekeeping Scholarship Program**

The recipient of this scholarship will receive woodenware consisting of a standard hive including frames and foundation, a bottom board, a top cover, a nucleus of bees with a queen or a package of bees, and the necessary beginner's equipment to start the beekeeping project.

The recipient will also receive the additional benefits: (1) a one year membership in COBA, (2) will be able to participate in the Association's meetings, and will receive the Association Newsletter, (3) registration in a beginning beekeeping school, (4) mentoring by a COBA member throughout the year, and (5) will receive Association assistance in extracting the first year's honey crop.

The recipient will be expected to attend the Central Ohio Beekeepers Association meetings and present a short progress report of the activities to date. The recipient will keep a written record complete with dates, photos, and other pertinent, data sufficient to substantiate all progress reports. Successful attendance and completion of the beekeeping school is required. Classes include four evenings and a Saturday morning session at a COBA local bee yard.

The recipient will be expected to give an oral final presentation of what they have learned from the program at the annual meeting in August and in April the following year.

A Certificate of Completion and a full ownership of the colony and the equipment will be presented at the April annual meeting the following year if the scholarship recipient has met all requirements. Ownership of the colony of bees and equipment will be held by COBA until the Certificate of Completion is awarded.

#### **Waiver/Binder**

We/I understand that neither COBA nor any of the Association members are liable for any accidents or injuries which may occur while my child, \_\_\_\_\_, is working with the aforementioned bees and equipment.

We/I also understand that the bee colony and equipment remain the property of COBA, and cannot be sold, given away, transferred in any manner or destroyed during the qualifying period with the written consent of COBA.

In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, COBA shall be notified and the equipment and colony of bees will be returned to COBA.

Upon successful completion of the qualifying term, and the satisfaction of stated conditions, the recipient will be presented a Certificate of Completion of the program and ownership of the beehive and related equipment will be transferred to recipient.