



Youth Beekeeping Scholarship Program

Applicant-

Name
Date of Birth
Address
Phone #
Email

Parent or Guardian-

Name
Phone #
Email

Applicant, please write a brief paragraph on why you are interested in bees and beekeeping and what you hope to accomplish if you are selected.

Parent or Guardian-

1. How do you feel your child can benefit from this program?
2. Does your child have any physical disabilities that would not allow her/him to move in or around an apiary? Y / N
 - a. Explain-
3. Do you feel you can support and encourage your child in this effort? Y / N
4. Does anyone in your immediate family have bees? Y / N
 - a. If so, who?
5. Can you have bees in the area where the bees will be placed? Y / N
6. Have you checked with your county or city on the legality of keeping bees where you plan on placing your bees if selected? Y / N

Parent or Guardian and Applicant, if selected our Scholarship recipient will be expected to:

1. Join Northeastern Minnesota Beekeepers Association(NEMNBA) annually at the annual membership rate.
2. Attend a minimum of 6 monthly NEMNBA meetings annually. Meetings are typically held at Fond Du Lac Tribal and Community College in Cloquet the fourth Monday of the month and may be offered via zoom.
3. Keep a colony of bees through 2 calendar years. First package of bees will be provided. If the bees do not survive the winter the scholarship recipient will be expected to purchase a new package of bees in the spring of the second year.
4. Keep a record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
5. Present a report (could be a display, scrapbook, video etc.) to the membership at the end of the 2 year commitment.



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WAIVER/BINDER

We/I understand that neither the Northeastern Minnesota Beekeepers Association (NEMNBA) 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 the bee colony and equipment remain the property of the Northeastern Minnesota Beekeepers Association, and cannot be sold, given away, transferred in any manner, nor destroyed during the qualifying period without the written consent of the Northeastern Minnesota Beekeepers Association. In the event that _____, for any reason, can no longer pursue the beekeeping project, the Northeastern Minnesota Beekeepers Association Scholarship Program Coordinator shall be notified and the equipment and colony of bees will be returned to the Northeastern Minnesota Beekeepers Association. 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 the Program Scholar. If the criteria are not met and the youth does not receive the completion certificate, the youth will be required to reimburse the Northeastern Minnesota Beekeepers Association for the equipment and hive of bees. The cost of reimbursement will be \$485.00.

PARENTAL CONSENT

I understand that by signing this I agree to the terms of the scholarship. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work with my mentor towards a successful experience over the next year. In the event that the criteria are not met, the scholarship recipient will be asked to reimburse the Northeastern Minnesota Beekeepers Association the sum of \$485.00 for equipment and hive of bees.

I am the above-named applicant's parent or guardian. He/She is not known to be allergic to bee stings and has my consent to accept this scholarship if chosen. Furthermore, I agree that by signing this waiver I relieve the Northeastern Minnesota Beekeepers Association and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project.

Parent or Guardian/Date

Applicant/Date

Coordinator/Date

Northeastern Minnesota Beekeepers Association President/Date