

**Adams County Beekeepers Association (ACBA)**  
In association with  
**Adams Co. Farm Bureau**  
**Adams Soil & Water Conservation District (SWCD)**  
**OSU Extension**

**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 Adams County Beekeepers Association

A beginning beekeeper guidebook

A set of woodenware for a beehive

A nuc (aka nucleus) or package of bees for the hive

Beekeeping gear: hat, veil, gloves, hive tool, and bee smoker

Mentoring by an Adams County Beekeepers Association member

**Eligibility**

The applicant must be new to beekeeping and a resident of Adams County.

The applicant must currently be enrolled in public, private, or home school and be in grades 7 through 12.

The applicant must have permission and agreement from parent or guardian.

This application must be submitted to Adams SWCD no later than 4:00 p.m. on **February 1, 2019.**

**Program Committee**

Finalists will be selected by the Youth Scholarship Committee.

**Please send all pages of the application to:**      **Adams Soil & Water Conservation District**  
**Attn: Bill Wickerham**  
**807 NE Main St., #B**  
**West Union, OH 45693**

**Office hours are 8:00 to 4:30 Mon-Fri**

**Phone: 937-544-1010**

**You may also send electronically to:**      [wickerham.adams.swcd@live.com](mailto:wickerham.adams.swcd@live.com)

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**ACBA meets on the 3<sup>rd</sup> Thursday of each month (February through October) at 7:00 p.m. at the Bible Baptist Church located at 9898 SR 41 in West Union. We welcome visitors as well as new members. The membership fee is \$10 per year for individuals and \$15 per year for families.**

**For more information call:**

**Tim Scott, President 937-217-0039**

**Dave Mangus, Vice President 937-217-1762**

**Shirley Hartman Treas./Sec. 740-876-3086**

# Application

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

## Questions to be answered by the Applicant

**(If you need more room, use the back or add more paper; use a Word document and attach if electronically submitting)**

**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:

**How 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? \_\_\_\_\_**

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

**Does anyone in your immediate family have bees? \_\_\_\_\_**

## Terms and Conditions

### ACBA Youth Beginner 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 or a package of bees with a queen, and the necessary beginner's equipment to start the beekeeping project.

The recipient will also receive these additional benefits:

- 1) A one year membership in ACBA
- 2) Will be encouraged to participate in the Association's meetings
- 3) Mentoring by a ACBA member throughout the year
- 4) Will receive assistance using extraction equipment to remove honey, only if deemed possible, the first year

The recipient will be expected to attend the Adams County 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.

The recipient will be expected to give an oral final presentation of what they have learned from the program at the September or October monthly meeting.

A Certificate of Completion, and full ownership of the colony and equipment, will be presented at the final monthly meeting if the scholarship recipient has met all requirements. Ownership of the colony of bees and equipment will be held by ACBA until the Certificate of Completion is awarded.

#### Waiver

I / We understand that neither ACBA 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.

I / We also understand that the bee colony and equipment remain the property of ACBA and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of ACBA.

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

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 recipient.

Parent or Guardian signature \_\_\_\_\_

I agree to the Terms and Conditions of the ACBA Youth Beginner Beekeeping Scholarship Program.

