

**Adams County Beekeepers Association
2017 Beekeeping Mentor/ Scholarship Program**

Mentee Name: _____ **Age:** _____

Address: _____ **Birthdate:** _____

City/ Township: _____ **Phone#:** _____

Email: _____

Parent/ supervisor: _____ **Phone#:** _____

Mentor: _____ **Phone#:** _____

Notes: