

Applications must be returned by Friday, March 15, 2019. No exceptions.

Drop off or send to: Preston County Beekeepers Association
c/o WVU Extension Office
115 W. Court St.
Kingwood, WV 26537

JUDY WILHELM YOUTH BEEKEEPING SCHOLARSHIP APPLICATION

(A project to set up and help a youth get started in beekeeping)

Applicant's Name: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Phone: _____ Age: _____ (Minimum 12, Maximum 16 years old)

Preston County Resident: Yes _____ No _____

Organizations Involved In (check all that apply): 4H _____ FFA _____ FHA _____

Boy Scouts _____ Girl Scouts _____ Other _____

Why do you want to become a beekeeper? _____

What is the importance of honeybees in our society? _____

How much available time do you have to attend beekeeping meetings and care for the bees? _____

Parent's Consent

JUDY WILHELM YOUTH BEEKEEPING SCHOLARSHIP AWARD AGREEMENT

I, _____, having been voted as the recipient of the 2019 Youth Project by the Preston County Beekeepers Association will receive a package of bees, a queen, a hive, necessary tools, instructional DVD and instruction book. In exchange for having been awarded this Youth Project, I agree to the following terms and conditions:

- a. That I have visited or will visit a working hive prior to receiving a hive awarded by the Association.
- b. That I will become a member of Preston County Beekeepers Association and agree to attend a minimum of three monthly meetings per year.
- c. That I will register my hive through the State Department of Agriculture and comply with all State beekeeping regulations.
- d. That I will maintain a written journal of interactions with the bee hive and report periodically at the beekeepers association meeting on the progress of my bee hive using the attached colony inspection sheet.
- e. That my name and picture may be used in newspaper articles to announce the youth award recipient and to promote interest in beekeeping.
- f. That I and my parents (or property owner if bees are kept at another address) will sign a consent and waiver alleviating the Preston County Beekeepers Association from any responsibility of accidents which may occur or any problems from products of the honey bees donated as part of the Association's youth project.
- g. That an Association member will be assigned to help and mentor for the first year.

2. In the event there is a loss of the queen or bees within the first year as owner of the hive you may make a request for a one-time replacement of the queen and/or bees to the Association at one of the beekeeping meetings. You must be present at the meeting, in compliance with the terms and conditions of this agreement and provide your journal documentation to support your effort in beekeeping. After hearing your presentation, the Association members will vote on the matter. In case of loss of interest in beekeeping or you are no longer capable of caring for the bees, the bees and equipment must be returned to the Association so they can be donated to another interested youth.

Signature of Recipient/Date

Signature of Parent/Date

Signature of Property Owner (If Applicable)/Date

CONSENT AND WAIVER

I am fully aware that problems may arise when working with honeybees. Even when properly dressed, the honeybees may sting and cause a reaction. I am signing this waiver to eliminate any responsibility of problems occurring to the owner or other persons from the honeybees donated by the Preston County Beekeepers Association.

Youth Award Recipient Signature/Date

Parent Signature/Date

Property Owner (If Applicable) Signature/Date

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