

BSBA Scholarship Program - 2020

Sponsored by the Black Swamp Beekeepers Association (BSBA)

Black Swamp Beekeepers Association supports new young beekeepers through our Scholarship Program. Long term success of our future beekeepers is built on a solid foundation of scientific knowledge, mentoring with experienced beekeepers, hands-on experience on proper equipment and gear. The Scholarship Program encourages participation of the guardian, student, local association and mentor.

The number of scholarships available per year will vary based on the amount of available funds and donations. The number will be posted each year on the BSBA website for each county.

Selection Criteria

1. Ohio youth must be between the ages of 12 and 18 by January 1st of the current year of the scholarship.
2. Applicant must be currently enrolled in public, private, or homeschool.
3. Must be a current member of Ohio 4-H.
4. Applicant must complete and return all paperwork, including permission and agreement form signed by parent or guardian. The application with supporting documents, as well as the waiver/binder form must be received by the Program Coordinator between August 1st, 2019 through December 7th, 2019.
5. Please send completed applications to Attn:

Chris Coppes,
27878 Jewell Rd,
Defiance OH 43512

Selection Process

1. After all applications have been received; a selection committee will carefully consider each applicant and select finalists.
2. Finalists and/or their mentors may be contacted for a phone interview.
3. The Scholarship Program recipients will be announced by January 15th, 2019.
4. Equipment will be distributed to the winners at a meeting or class held by their sponsoring association in February/March 2020.
5. Selection by the committee is final.

For additional information, questions or comments see the BSBA website at www.blackswampbeekeepersassociation.bz or contact us at BlackSwampBeekeepersAssoc@gmail.com or call 419.890.1711

BSBA Scholarship Program Application - 2020

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

School Name: _____

School Address: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

4-H Club: _____

Advisor's Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Mentor: _____ Contact Information: _____

If you do not know of a mentor, please contact BSBA for the current mentorship list.

Experience: (min. 5 yrs. experience) _____

Local Newspapers you wish to be contacted if you are chosen as a Scholarship Recipient (optional):

Application Checklist

1. Completed Application
2. Completed Questionnaire
3. Signed Terms and Conditions (actual signatures required)
4. Waiver/Binder form including application and parent/guardian signatures.
5. Sponsoring association agreement.
6. Two **typed** letters of recommendation from non-family members.
7. **Typed** letter of recommendation from student's 4H advisor.

Submit the completed application to Black Swamp Beekeepers Association at: BlackSwampBeekeepersAssoc@gmail.com or call 419.890.1711 for the current program coordinators mailing address. The complete application package is due by **December 7, 2019**.

Send completed applications to:

Chris Coppes
27878 Jewell Rd
Defiance, OH 43512

Important Dates

- August 1st, 2019 - Applications are available at <http://www.blackswampbeekeepersassociation.bz/scholarship>
- December 7th, 2019 - Complete applications must be received. No exceptions.
- January 15th, 2020 – Winners are announced. See <http://www.blackswampbeekeepers.bz>
- January – Winner announcements will be sent by mail.
- February to March – Equipment delivered build day will be scheduled. Date will vary based on our association meeting/class dates.
- April, July, & Oct, articles due for the Apiary Update newsletter.
- 10 minute presentation at the November recognition party.

BSBA Scholarship Program - Questionnaire - 2020

To be completed by the Student (please attach additional pages):

Why are you interested in bees and beekeeping?

What do you hope to accomplish if you are chosen as a BSBA Scholarship Recipient?

Summarize your involvement in school and extracurricular activities such as: community, church, 4H, youth groups or civic organizations:

To be completed by a parent or guardian (please attach additional pages):

How do you feel your child can benefit from this program?

Do you feel you can support and encourage your child in this effort? YES or NO

Please Explain:

Do you or anyone in your immediate family have bees? YES or NO

Explain?

BSBA Scholarship Program - Terms and Conditions - 2020

The selected Scholarship Program Participant will receive*:

1. Woodenware for two hives**:
 - a. 2 screened bottom boards with white board (8 Frame)
 - b. 2 entrance reducers (8 Frame)
 - c. 10 medium boxes (8 Frame)
 - d. 80 medium frames
 - e. 80 sheets of wired wax
 - f. 2 inner covers (8-frame)
 - g. 2 telescoping lids (8-frame)
 - h. 1 hive tool
 - i. 1 J-Hook tool
 - j. 1 smoker
 - k. 1 spool tinned wire
 - l. 1 packet grommets
 - m. 1 grommet tool
 - n. 1 wire embedder/spur tool
2. 1-year membership with BSBA
3. Free Beginning Internship Classes 2020
4. 1-year subscription to Hive Newsletter
5. Honeybee Health Coalition booklet

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

***Provided equipment may vary. BSBA may also receive donated equipment allowing additional scholarships to be granted. Donations may vary from the official list of woodenware.*

The Scholarship Program Participant will be expected to:

1. Provide bees for the two colonies. Must provide BSBA with the chosen source of bees. Last year a package of bees cost between \$160-180 per package. Package bees or nucs must be ordered as soon as possible, once award is given. Contact sponsoring association for details.
2. Attend and successfully complete the agreed upon Beginning Beekeeping Classes.
3. Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
4. Keep two colonies of bees in Ohio throughout year at their own apiary or at the Pollinator Sanctuary & Training Facility of Defiance County.
5. Attend Black Swamp Beekeepers Association monthly meetings. Must be a member of the local association.
6. Provide a quarterly update (photos, short diary) for the BSBA newsletter. Deadlines are: April 1st, July 1st and October 1.
7. Present a final report (could be a display, scrapbook, paper, video etc.) to the membership at the BSBA Recognition Potluck Party in November 2020.

8. If the criteria are not met, then the award recipient and responsible guardian will be responsible for reimbursing BSBA \$500. * In an event of a natural disaster such as; flooding, wildfire, natural causes, or tornado the scholarship recipient will not be required to reimburse BSBA.
9. Scholarship recipient must register their Apiary and pay the \$5.00 to the Ohio Department of Agriculture.
10. Scholarship recipient must agree to a hive inspection either by the county Apiary Inspector or a member of the sponsoring association.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the BSBA Recognition Potluck Party upon successful completion of the program criteria and positive evaluation by sponsoring association. The scholarship recipient will receive a completion certificate and retain ownership of the equipment at this event.

If the criteria are not met the youth and responsible guardian will be required to reimburse the BSBA \$500.

I have read and understand the above:

Applicant Signature

Date

Parent or Guardian Signature

Date

BSBA Scholarship Program - Waiver/Binder & Consent - 2020

WAIVER/BINDER

We/I understand that neither BSBA 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 BSBA, and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of BSBA.

In the event that _____, for any reason, can no longer pursue the beekeeping project, the BSBA Scholarship Program Coordinator shall be notified and the equipment will be returned to the BSBA as long as the equipment has not been in contact with any bees.

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 equipment will be transferred to the Program Recipient. If the criteria are not met the youth and responsible guardian will be required to reimburse the BSBA \$500.

PARENTAL CONSENT

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 BSBA 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 Signature

Date

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. If the criteria are not met the youth and responsible guardian will be required to reimburse BSBA \$500.

Applicant Signature

Date

Parent or Guardian Signature

Date

BSBA Scholarship Program - Mentor Agreement - 2020

Applicant's Name: _____

Mentor's Name:(min. 5 yrs. experience) _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

If you are unable to locate a mentor, please contact BSBA Officer or Program Coordinator at BlackSwampBeekeepersAssoc@gmail.com or call 419.890.1711 for the current mentorship list.

I understand that mentorship plays a critical role in ensuring the success of our new young beekeepers.

The local beekeeping association agrees to provide:

- Membership for the applicant and their parents/guardians to the local association for a year including all privileges of a normal member.
- Free attendance to a beginner beekeeping class (if the association holds one).
- Assistance locating a local source of bees, nucleus (preferably) or a package that can be picked up.
- Mentorship to assist the student with questions and problems throughout the year.

Association Signature

Date

Mentor's Signature

Date