Northwestern Pennsylvania Beekeepers Association SCHOLARSHIP

Beekeeper Connection Form

Date:		
Scholarship Applicant's	Name:	
Beekeeper Name:		
Beekeeper phone numb	er:	
Beekeeper email:		
How many years a beek	teeper:	Member of NWPBA?
Dear Beekeeper,		
For the Applicant to be	considered for a \$5	00 Northwestern PA Beekeepers Association Scholarship, the
form must be completed	d to confirm that the	e Applicant has spoken to a beekeeper about beekeeping.
Speaking about beekeep	oing is the minimal	requirement, with additional activities preferred. You may be
contacted to validate da	ta on this form.	
Please initial each a	activity the App	olicant has completed:
spoke to me ab	out beekeeping	
visited an apiar	ry .	
worked a color	ny	
attended a beek	keeping event	
Applicant is a l	beekeeper, for	years
other bee-orien	tated activity Appl	icant took part in (please describe)
Printed	Beekeeper Name	
Signed	Beekeeper Name	 '

Thank you for your time!