



# East Central Ohio Beekeepers Association Youth Beekeeping Scholarship Application

**Objectives:**

To educate youth in the art of beekeeping and promote the value of honeybees to the food chain and environment.

To provide an opportunity to experience the responsibility and the enjoyment of beekeeping.

To provide an avenue for youth to engage in the vocation of beekeeping as a sideline or full time beekeeping.

**The Award:**

- 1) Two year membership in ECOBA.
- 2) Registration and textbook for the spring beginning class. Cost: The cost to the scholarship award winner is free, parent or guardian is free, anyone else included will pay the current bee school rates per person.
- 3) Mentoring by ECOBA member
  - Mentors will be drawn by the Scholarship committee, or from ECOBA mentor list if needed.
  - A parent, designee, or guardian must be present when Mentor is working with student.
  - Mentor will help student install bees in new hive as needed. (Please document installation of honeybees into hive, provide photos if possible.
  - Mentor will check in with student a minimum of once per month between student receiving equipment and installing bees, and closing the hive for winter. Mentor will check the hive with the student; assure that the recipient is keeping records, photos, as needed, and will sign off on the records.
- 4) The two year use of: one complete hive, a nuc or package of bees, beekeeping gear: hat veil, hive tools, gloves, and smoker. (If the applicant drops out in the two year period the equipment will be returned to ECOBA).

**Eligibility:**

- 1) This scholarship is a two year program. A certificate of completion will be awarded to the recipient after the two year program is completed.
- 2) Applicant must be between the ages of 9 and 17 at the start of beekeeping class.
- 3) Must be a resident of Fairfield, Licking, Perry or Muskingum Counties.
- 4) Must be a current student of a public, private or home school.
- 5) Must have permission and agreement of parent or guardian.
- 6) Application must be submitted to ECOBA no later than Nov. 30.
- 7) Student is expected to attend Bee School as part of scholarship.
- 8) A Hold Harmless Agreement will be signed by the award winner and parent/guardian for the release of liability to the club and individual members involved with Mentoring.

**Expectations for the scholarship winner(s)**

- 1) Club meetings-The finalist(s) will be required to attend (4) club meetings/year, this will include the presentation in October.
- 2) Fairs- The finalist(s) will be required to work at (1) fair event at the ECOBA booth- Muskingum County Fair, Perry County Fair, Fairfield County Fair, or Licking County Hartford Fair.
- 3) Bee yard- The finalist(s) as first year beekeeper must attend (10) meetings at the first year bee yard. The finalist(s) as a second year beekeeper must attend (10) meetings at the second year bee yard.
- 4) Community Service- as community service, the finalist(s) should provide time to give talks to classes or groups about beekeeping, help club members with swarm removals, help install bee attracting plants for others to attract honeybees in their yard. "Bee" creative or forward thinking with your ideas in how you can accomplish this.
- 5) Extracting class- Must attend an extracting class to learn how to extract honey.
- 6) Equipment Assembly class- the finalist(s) must attend the equipment assembly class to learn how to put the equipment together for the hive.
- 7) Presentation to the club- A 30-minute presentation will be provided by the finalist(s) at the October meeting. This presentation can include power point slides, or photos. This presentation should include the notes of your visit to the hives, your experiences in beekeeping, and your experiences with the mentor and club, include any treatments made to the hive, what is blooming during the year as nectar source.

**Scholarship Committee:**

- 1) Finalist will be selected by the Scholarship Committee.
- 2) Finalist and their parents or guardian will be interviewed in Dec - Jan and the award winner(s) selected prior to beekeeping class.

Please complete the application on the following pages, either online and print out; or print the application and complete by hand, then submit application to:

ECOBA Scholarship  
PO Box 541  
Pickerington, Ohio 43147



**PERSONAL INFORMATION**

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

DATE OF BIRTH:

PHONE NUMBER:

GENDER

M

F

PARENT/GUARDIAN  
NAME

PARENT/GUARDIAN  
PHONE #

PARENT/GUARDIAN  
EMAIL



NAME OF SCHOOL:

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1. Give a summary of your involvement and activities in school, church or other civic or youth organizations (If you are completing this form by hand, attach another page if needed)



2. Does your family currently have hives? If yes, how many, and do you work with your family when working the hives? (If you are completing this form by hand, attach another page if needed)

3. Tell us your interest in Honeybees and what you hope to accomplish if you are chosen for the scholarship (If you are completing this form by hand, attach another page if needed)

4. Do you have a place to keep a hive?  
(Honeybees need afternoon shade and a water source)

Yes

No

5. Do you live within city/village limits or the country

City/Village

Country

6. If you live in the city/village limits, does your municipality allow beekeeping?

Yes

No

Don't Know



6. For Parents - what do you feel your child can benefit from this program, and do you feel you can support and encourage your child in this effort? (If you are completing this form by hand, attach another page if needed)