

**Central Ohio Beekeepers Association (COBA)
Youth Beekeeping Scholarship Program
Application Agreement**

The Youth Scholarship program objectives

To educate youth in the art of beekeeping and to promote a better understanding of the value of honey bees to our environment and to the food chain.

To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.

To provide an avenue for youth to engage in a vocation and gain the potential to pursue beekeeping as a sideline or fulltime vocation.

Eligibility

- The applicant must be between the ages of 11 and 18 by December 1st of the school year.
- The applicant must be a resident of Central Ohio.
- The applicant must be currently enrolled in public, private, or home school.
- The applicant must have permission and agreement from parent or guardian.
- The application must be submitted to COBA no later than January 4, 2023.

The Award

- A two-year membership in the Central Ohio Beekeepers Association (COBA).
- A beginning beekeeper school registration and textbook.
- A set of woodenware for a beehive.
- Bees and queen for the hive.
- Beekeeping gear including a hat, veil, gloves, hive tool, varroa test kit and bee smoker.
- Mentoring by a COBA member for one year.

Expectations of the Recipient

- This is a one-year commitment.
- You must attend the designated Bee School held in February.
- Attend the monthly COBA meetings.
- Attend the 1st year Bee Yard at OSU Waterman Farms that is held on Wednesday evenings from April through September. This is the hands-on part of learning about your bees that the club provides.
- The recipient is expected to attend as many meetings as possible.
- There are 2 presentations (including a power point) you will need to give to the club: 1) in August focusing on your experience with your hives so far. 2) In April – How your bees did through the fall and winter.

- Other Events are:
 - The COBA Pancake Breakfast
 - The COBA Picnic
 - The Bee Display at the Franklin County Fair and Ohio State Fair
 - The Lithopolis Honey Fest (Your participation is a wonderful way to show others what you have learned.)
 - The End of the year COBA Awards Banquet

Program Committee

Finalists will be selected by the Youth Scholarship Committee. The Scholarship Committee will arrange an interview with scholarship finalists and their parents/guardians.

The scholarships will be awarded to the applicants selected by the Scholarship Committee and will be contacted within a week after the interviews.

Please send both pages of the application to:

Central Ohio Beekeepers Association
 Attn: Penelope Mishne
 6506 Alkire Road
 Galloway, Ohio 43119

Phone: 614-870-0092
 email: Dpmishne6506@gmail.com

COBA Youth Scholarship Application

Name _____

Date of Birth _____

Address _____

City _____ State _____

Zip _____

Email _____

Phone _____

Parent or Guardian Signature

I agree to the Terms and Conditions of the COBA Youth Beekeeping Scholarship Program.

(See last page of application)

Questions to be answered by the Youth Applicant

Please give a summary of your involvement in school, community, church, and any other youth or civic organizations you may be involved in.

Write a brief paragraph on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship.

Are you afraid of honey bees?

With your other activities in mind – Do you feel you can commit to the expectations noted above if you receive the scholarship?

Are there any disadvantages to receiving the scholarship that you can think of?

For the Parent or Guardian to answer:

Do you feel your child can benefit from this program and why?

This program takes a lot of parental support. Do you feel you can support and encourage your child in this effort?

Do you have a place to keep a hive of honey bees?

Does anyone in your immediate family have bees?

Terms and Conditions

COBA Youth Beekeeping Scholarship Program

The recipient of this scholarship will receive woodenware consisting of a standard hive including frames and foundation, a bottom board, a top cover, a nucleus of bees with a queen or a package of bees, and the necessary beginner's equipment to start the beekeeping project.

The recipient will also receive the additional benefits:

- 1) a two-year membership in COBA.
- 2) will be able to participate in the Association's meetings and will receive the Association Newsletter.
- 3) registration in the designated beekeeping school.
- 4) mentoring by a COBA member throughout the year and
- 5) will receive Association assistance in extracting the first year's honey crop.

The recipient will be expected to attend the monthly COBA meetings and present a short progress report of the activities to date.

The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports.

Successful attendance and completion of the beekeeping school is required.

Classes include four evenings and a Saturday morning session at a COBA local bee yard.

The recipient will be expected to give an oral final presentation of what they have learned from the program at the annual meeting in August and in April the following year.

A Certificate of Completion and a full ownership of the colony and the equipment will be presented at the April annual meeting the following year if the scholarship recipient has met all requirements. Ownership of the colony of bees and equipment will be held by COBA until the Certification of Completion is awarded.

Waiver/Binder

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

In the event that _____ loses interest or can no longer pursue the beekeeping project, COBA shall be notified and the equipment and colony of bees will be returned to COBA.

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 beehive and related equipment will be transferred to recipient.

Parent / Guardian signature _____
Date ____/____/____

Youth Signature _____
Date ____/____/____