

**Central Ohio Beekeepers Association (COBA)**

**Youth Beekeeping Scholarship Program**

**2025 Application**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Email of parent/guardian \_\_\_\_\_

Phone of parent/guardian \_\_\_\_\_

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.

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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.

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With your other activities in mind, will you commit to the participation expectations noted above if you receive the scholarship?

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

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Do you have a place to keep a hive of honeybees?

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Does anyone in your immediate family have bees?

**For the Parent or Guardian to answer:**

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

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This program takes a lot of parental support, esp in terms of time and travel. Will you support and encourage your child in this effort?

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## 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, an inner cover, a top cover, a nucleus of bees with a queen or a package of bees and a queen, and the necessary beginner's equipment to start the beekeeping project.

The recipient will also receive:

- 1) a two-year membership in COBA;
- 2) participation in the Association's meetings and will receive the Association Newsletter;
- 3) registration in the assigned beekeeping school;
- 4) mentoring by a COBA member throughout the year; and
- 5) Association assistance in extracting their second year's honey harvest.

#### **The recipient agrees to fulfill all Program Expectations**

- This is a fifteen month commitment
- Must attend the designated Bee School which is held in February.
- Attend the monthly COBA general meetings.
- Attend the 1<sup>st</sup> 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.
- There are 2 presentations in power point you will need to give the club: 1) in August focusing on your experience with your hives so far. 2) In April – Your Total Project and How your bees did through the fall and winter.
- Other Required Events are:
  - The COBA Pancake Breakfast in May
  - The COBA Picnic in June
  - The Bee Display at the Franklin County and Ohio State Fairs in July and August
  - The Lithopolis Honey Fest (Your participation is a wonderful way to show others what you have learned) in September.
  - The End of the year COBA Awards Banquet in November

A Certificate of Completion and 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 \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Application is due by December 11, 2024.

Please send all pages of the application via USPS or email to:

Central Ohio Beekeepers Association

Attn: Claudia Khourey-Bowers

714 Hunters Glen Drive

Gahanna, Ohio 43230

Email: [claudiakhoureybowers@gmail.com](mailto:claudiakhoureybowers@gmail.com)

Phone: 330-353-2315