

# Collin County Hobby Beekeepers Association (CCHBA) Youth Beekeeping Scholarship Program

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## Objective

1. To educate youth in the art of beekeeping to promote a better understanding of the value of honeybees to our environment and to the food chain.
2. To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
3. To provide an avenue for youth to engage in an avocation and gain the potential to pursue beekeeping as a sideline or fulltime vocation.

## The Award

1. A one year membership in the Collin County Hobby Beekeepers Association.
2. A beginning beekeeper seminar (20 hrs.) registration and textbook.
3. A set of woodenware for a beehive.
4. A nuc or package of bees for the hive.
5. Beekeeping gear: hat, veil, gloves, hive tool, and bee smoker.
6. Mentoring by a CCHBA member for one year.
7. Location to extract honey.

## Eligibility

1. The applicant must be between the ages of 12 and 17 by December 1 of the current year.
2. The applicant must be willing to travel to monthly meetings and classes.
3. The applicant must be currently enrolled in public, private, or home school.
4. The applicant must have permission and agreement from parent or guardian.
5. The application must be submitted to the Collin County Hobby Beekeepers Association no later than November 1st of the current year.
6. The applicant must be from a non-beekeeping family.

## Program Committee

1. Finalists will be selected by the Youth Program Committee.
2. The Program Committee will arrange an interview with finalists and parents/guardian.
3. The scholarship will be awarded to the applicant selected by the Program Committee and presented at the CCHBA December Banquet.

# Application/Agreement

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**Name** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**Summary of your involvement in school, community, church, and other youth or civic organizations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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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### **Parent / Guardian**

Do you feel your child can benefit from this program? \_\_\_\_\_

Do you feel you can support and encourage your child in this effort? \_\_\_\_\_

Does anyone in your immediate family have bees? \_\_\_\_\_

### **Terms and Conditions of Agreement**

The recipient of this scholarship will receive woodenware consisting of a standard hive body with frames and foundation, a bottom board, a top cover, a nucleus of bees with queen, and the necessary beginner's equipment to start the beekeeping project. The recipient will also receive the additional benefit of: (1) a one year membership in the CCHBA, (2) will be able to participate in the Association's monthly meeting, and will receive the Association Newsletter, (3) registration in a beginning beekeeping seminar, (4) mentoring by a CCHBA 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 at least 50% of the meetings between the January and the December meetings and to 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. A final report will be presented at the December meeting. Successful attendance and completion of the seminar is required. A Certificate of Completion and full ownership of the colony and the equipment will be presented at the December meeting if the scholarship recipient has met all requirements.

### **Waiver/Binder**

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

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

## **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 CCHBA and their members from any and all liability for any accidents, mishaps or other occurrences which may happen in the pursuit of this project.

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**Applicant**

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**Parent or Guardian**

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**Scholarship Committee Chair**

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**Association President**

By filling out and submitting this form, either electronically or otherwise, I understand that I am fully agreeing to all Terms and Conditions set forth herein. Mail the Completed Application to:

Kaylynn Mansker  
19455 CR 541  
Nevada, TX 75173