

# Collin County Hobby Beekeepers Association (CCHBA)

## Youth Beekeeping Scholarship Program Information

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### Objectives

- To educate youth in the art of beekeeping 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 an avocation and gain the potential to pursue beekeeping as a sideline or full-time vocation.
- To further CCHBA's mission of educating the public about the importance of honey bees.

### Eligibility

- The applicant must be between the ages of 12 and 17 by December 1st of the current year.
- The applicant must be willing to travel to monthly meetings and classes.
- The applicant must be currently enrolled in public, private, or home school.
- The applicant must have permission and agreement from parent or guardian.
- The applicant must reside in Collin or a surrounding county.
- The application must be submitted to CCHBA no later than **October 25th** of the current year.
- The applicant or the applicant's immediate family cannot already be maintaining honey bee colonies.

### The recipient will be provided:

- A set of woodenware for a beehive.
- A nuc or package of honey bees for the hive.
- Beekeeping equipment: hat, veil, gloves, hive tool, and bee smoker.
- A beginning beekeeper seminar (20 hours, over 5 classes, held once a month in the first part of the year), registration and textbook.
- A one-year family membership in CCHBA.
- Mentoring by a CCHBA member for one year.
- Location to extract honey, free of charge to the student for the first year.
- One free entry in the annual honey contest (including two free jars).
- A yellow "Worker Bee" t-shirt, to be worn at all meetings and activities.

### Program Committee

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

- The scholarship will be awarded to those applicants selected by the Program Committee and presented at the CCHBA December Banquet preceding the scholarship year.

### **Required Student Development Activities**

- Attend all beginning beekeeping classes (both the student and parent/guardian).
- Attend at least 10 of the association monthly meetings during the scholarship year.
- By January 31, the student will write a paragraph about themselves for the *Beeline*, as introduction to the club.
- In the course of the scholarship, the student will: (1) present a short progress report of their beekeeping activities to date. This is called the hive report; (2) research and present a honey bee related topic to an audience; (3) write a follow up report of researched topic for the *Beeline* by the 21st of the month of their presentation.
- Assist in the Texas Beekeepers Association Honey Booth with an experienced beekeeper during the State Fair of Texas (late September-October).
- Help facilitate the regular monthly meetings by assisting in various roles.

### **The Award**

Upon successful completion of all requirements, a Certificate of Completion and full ownership of the colony and the equipment will be presented at the December Banquet at the conclusion of the scholarship year.

For additional information, email [Scholarships@CCHBA.org](mailto:Scholarships@CCHBA.org).

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

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Write a brief paragraph on why you are interested in honey 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 honey bees? \_\_\_\_\_

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

The recipient of this scholarship will be provided woodenware consisting of a standard hive body with frames and foundation, two honey supers with frames and foundation, a screened bottom board, an inner cover, a telescoping outer cover, a nucleus of honey bees with queen, and the necessary beginner's equipment to start the beekeeping project (hat, veil, gloves, hive tool, and bee smoker).

The recipient will also receive the additional benefit of: (1) beginning beekeeping classes for both the parent/guardian and student (20 hours, over 5 classes, held once a month in the first part of the year; free registration and textbook); (2) a one-year family membership in the Collin County Hobby Beekeepers Association (CCHBA); (3) mentoring by a CCHBA member throughout the year; (4) free extraction time for the student's first honey crop during the scholarship year; (5) one free entry in the annual honey contest (including two free jars); and (6) a yellow "Worker Bee" t-shirt, to be worn at all meetings and activities.

The recipient will be required to: (1) attend all beginning beekeeping classes (both the student and parent/guardian); (2) attend at least 10 of the CCHBA monthly meetings between the January and the December meetings; (3) write a brief paragraph of introduction about themselves by January 31 for the February *Beeline*; (4) present a short progress report of their beekeeping activities (hive report); (5) research and present a honey bee related topic to an audience; (6) write a follow up report of researched topic to be printed in the *Beeline* by the 21st of the month of their presentation; (7) Assist in the Texas Beekeepers Association Honey Booth with an experienced beekeeper during the State Fair of Texas (late September-October); and (8) help facilitate the regular monthly meetings by assisting in various roles.

Upon successful completion of all requirements, a Certificate of Completion and full ownership of the colony and the equipment will be presented at the December Banquet.

**Waiver & Binder:**

We/I understand that neither the Collin County Hobby Beekeepers Association (CCHBA), nor any of its members, are responsible for any accidents or injuries which may occur while my child, \_\_\_\_\_, is working with the aforementioned honey bees or equipment.

We/I also understand the honey bee colony and equipment remains the property of the Collin County Hobby Beekeepers Association (CCHBA) until successful completion of the program. No CCHBA provided items can be sold, given away, or destroyed during the one-year mentoring period for the scholarship.

In the event that recipient loses interest or can no longer pursue the beekeeping project, CCHBA must be notified immediately and all equipment, colony of honey bees, and hive must be returned in proper condition to the Collin County Hobby Beekeepers Association (CCHBA).

We/I understand that any additional costs associated with this project that are outside of the initial scope of the scholarship (e.g. sugar feed/treatments/additional hive components/additional equipment) will be our responsibility and will not be provided by the CCHBA.

We/I understand that upon successful completion of the year-long mentoring program, and fulfillment of the stated conditions, the recipient will be presented a Certificate of Achievement from the program and receive full ownership of his/her beehive and related equipment to do with as they please.

We/I understand that by signing this document we are granting consent to be photographed and your permission for any photos taken to be used by CCHBA for the Beeline or Calendar.

**Parental Consent:**

I am the above named applicant’s parent or guardian. He/she is not known to be allergic to honey bee stings and has my consent to accept and complete this scholarship if chosen. Furthermore, I agree that by signing this waiver, I release the Collin County Hobby Beekeepers Association (CCHBA) and their members from any liability for any accident or mishap that may occur in pursuit of this project.

By filling out and submitting this form, I understand that I am fully agreeing to all terms and conditions set forth herein.

**Signatures:**

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
CCHBA Scholarship Chairman

\_\_\_\_\_  
CCHBA President

For additional information and to submit an application, please email: [Scholarships@CCHBA.org](mailto:Scholarships@CCHBA.org).