

2018 Ross County 4-H Youth Beekeeping Scholarship Program Application

Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

School Name: _____

School Address: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

4-H Club: _____ Advisor's Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Application Checklist:

1. Completed Application
2. Completed Questionnaire
3. Signed Terms and Conditions
4. Waiver/Binder form including application and parent/guardian signatures.
5. Two Letters of recommendation from non-family members.
6. Letter of recommendation from student's 4H advisor.

Submit the completed application to: 2018 Ross County 4-H Beekeeping Scholarship, c/o Ross County 4-H Extension, 475 Western Avenue Suite F, Chillicothe, OH 45601.

The complete application package is due by January 1, 2018.

Ross County 4-H Scholarship Program - Questionnaire – 2018

To be completed by the Student (please attach additional pages if needed):

Why are you interested in bees and beekeeping?

What do you hope to accomplish if you are chosen as a 4H Beekeeping Partnership Scholar?

Summarize your involvement in school, community, church, 4H and other youth or civic organizations:

To be completed by a parent or guardian (please attach additional pages):

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

Do you feel you can support and encourage your child in this effort? YES or NO

Please Explain:

Does anyone in your immediate family have bees? YES or NO

If so, who and what is their level of involvement in beekeeping?

Ross County 4-H Scholarship Program - Terms and Conditions – 2018

The Partnership Program Scholar will be expected to:

1. Package bees or nucs must be ordered as soon as possible, once award is given.
2. Attend and successfully complete the agreed upon Beginning Beekeeping Classes.
3. Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
4. Keep colony of bees throughout year.
5. Provide a quarterly update (photos, short diary) to the selection committee. Deadlines are: March 15, June 15 and September 15.
6. Present a final report (could be a display, scrapbook, paper, video etc.) to the Ross County Extension office by October 1, 2018.
7. If the criteria is not met, then the award recipient and responsible guardian will be responsible for reimbursing the Ross County 4-H Youth Beekeeping Program \$500.

A Certificate of Completion and full ownership of the colony and the equipment will be presented upon successful completion of the program criteria and positive evaluation by the selection committee.

I have read and understand the above:

Applicant Signature

Date

Parent or Guardian Signature

Date

Ross County 4-H Scholarship Program - Waiver/Binder & Consent - 2018

WAIVER/BINDER

We/I understand that neither the Ross County 4-H Extension Staff or Scioto Valley Beekeeping Association 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 Ross County 4-H Youth Beekeeping Scholarship Program and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of the program designee.

In the event that _____, for any reason, can no longer pursue the beekeeping project, the Program Coordinator shall be notified and the equipment and colony of bees will be returned.

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 the Program Scholar. If the criteria is not met the youth and responsible guardian will be required to reimburse the Ross County 4-H Youth Beekeeping Scholarship Program \$500.

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 the Ross County 4-H Extension, selection committee and Scioto Valley Beekeeping Association and their members from any and all liability for any accidents, mishaps, or other occurrences which may happen in the pursuit of this project.

I understand that by signing this I agree to the terms of the scholarship. I understand that there are certain risks involved in beekeeping, and I am willing to fully commit to work towards a successful experience over the next year. If the criteria is not met the youth and responsible guardian will be required to reimburse the Ross County 4-H Youth Beekeeping Scholarship Program \$500.

Applicant Signature

Date

Parent or Guardian Signature

Date