

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 honeybees? _____

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 (approx. 20 hours, which includes both classroom and hands-on; free registration and textbook); (2) a one-year family membership in the Denton County Beekeepers Association (DCBA); (3) mentoring by a DCBA member throughout the year; (4) free extraction time for the student's first honey crop during the scholarship year; (5) a yellow "Worker Bee" t-shirt, to be worn at all activities when representing the club.

The recipient will be required to: (1) attend all beginning beekeeping classes (both the student and parent/guardian); (2) attend at least 8 of the DCBA monthly meetings between the January and the December meetings; (3) write a brief paragraph of introduction about themselves by January 31 for the Denton website; (4) present a short progress report of their beekeeping activities (hive report) monthly; (5) research and present a honey bee related topic to an audience; (6) write a follow up report of researched topic to be placed on the club website by the 21st of the month of their presentation; and (7) 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.

A failure to complete all requirements of the program to the satisfaction of the Youth Scholarship Committee the DCBA will retain the bees, woodenware, tools, study material and safety equipment for future scholarship program recipients.

Waiver & Binder:

We/I understand that neither the Denton County Beekeepers Association (DCBA), 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 honeybee colony and equipment remains the property of the Denton County Beekeepers Association (DCBA), until successful completion of the program. No DCBA 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, DCBA must be notified immediately and all equipment, colony of honeybees, and hive must be returned in proper condition to the Denton County Beekeepers Association (DCBA).

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 DCBA.

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 DCBA for the newsletter or website.

Child Safe Policy:

Parent/Guardian must be in attendance for all applicant events. Rule of 3’s is required for all child/adult interactions. No one-on-one interactions will be allowed.

Parental Consent:

I am the above named applicant’s parent or guardian. He/she is not known to be allergic to honeybee stings and has my consent to accept and complete this scholarship if chosen. Furthermore, I agree that by signing this waiver, I release the Denton County Beekeepers Association (DCBA), 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

DCBA Scholarship Chairman

DCBA President

For additional information and to submit an application, please email:

youthscholarship@dentonbees.com