
Youth Beekeeping Partnership Program

Sponsored by the Iowa Honey Producers Association (IHPA)

To be completed by a parent or guardian:

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**

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

If so, who? _____

Please submit two (2) letters of recommendation from non-family members discussing the youth's ability to be successful in this program.

Terms and Conditions of Agreement

The selected Partnership Program Scholars will receive:

- 1 Woodenware consisting of a standard hive body with frames and foundation, a bottom board, and a top cover.
- 2 A nucleus of bees with queen.
- 3 Necessary equipment, including a smoker, hive tool, hat, veil, and gloves.
- 4 1 year of membership, with newsletter, to the Iowa Honey Producers Association
- 5 Beginning Beekeeping Classes, including all educational supplies.
- 6 Mentoring by an IHPA member throughout the year.
- 7 Copy of "A Year With Honeybees" DVD

The Partnership Program Scholar will be expected to:

- 1 Attend and successfully complete the agreed upon Beginning Beekeeping Classes.
- 2 Give a short progress report during the year at one IHPA Board Meeting.
- 3 Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
- 4 Successfully keep colony of bees throughout year.
- 5 Present a final report (could be a display or scrapbook) to the membership at the 2009 IHPA Annual Meeting.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the 2009 IHPA Annual Meeting upon successful completion of the program criteria and positive evaluation by mentor.

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WAIVER/BINDER

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

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

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.

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

Parent or Guardian Signature

Date

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 with my mentor towards a successful experience over the next year.

Applicant Signature

Date

Youth Partnership Program Coordinator

Association President

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Selection Criteria

- 1 Youth must be between the ages of 12 and 17 by November 1st of the current year.
- 2 Applicant must be currently enrolled in public, private, or home school.
- 3 Applicant must complete and return all paperwork, including permission and agreement form signed by parent or guardian.
- 4 The application with supporting documents, as well as the waiver/binder form must be submitted to the Program Coordinator no later than September 15 of the current year.

Selection Process

- 1 After all applications have been received, a selection committee will carefully consider each and select **up to 9** finalists.
- 2 Finalists will be notified by phone on or before October 20. At this time finalists will arrange a specific time slot in which to interview.
- 3 Interviews will take place November 7th during the IHPA Annual Meeting.
- 4 The Youth Beekeeping Partnership Program Scholars will be announced that evening during the IHPA Annual Meeting Awards Banquet. At this time they will have the opportunity to meet their mentors for the year.

Application Checklist

- 1 Completed application
- 2 Waiver/Binder form, including applicant and parent/guardian signatures
- 3 Summary of Involvement
- 4 Two (2) letters of recommendation

For more information, visit www.abuzzaboutbees.com, or contact the coordinator at mbrahms@netins.net or (712) 774-5878

A copy of the youth's application, waiver form, summary of involvement, and 2 completed recommendation forms should be postmarked NO LATER THAN SEPTEMBER 15th of the current year to:

**Mike Brahms
IHPA Youth Partnership Program Coordinator
65071 720th Street**

Cumberland, IA 50843