



# Susan Kelly Memorial Youth Scholarship Program

To be completed by a parent or legal guardian:

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

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Does your child or ward have any physical disabilities that would not allow him/her to move in or around an apiary? Yes:  or No:

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 (relationship)? \_\_\_\_\_

Can you have bees in your area where the bees will be placed? (Please check with your county or city ordinance) Yes:  or No:

***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 Scholarship Program Scholar will receive:**

- Woodenware consisting of (2) standard hive deeps, (2) medium honey supers, all with frames and foundation, a bottom board, inner cover and a top cover (Assembly required)
- A package of bees with queen
- Necessary equipment, including a smoker, hive tool, beekeeping jacket, and gloves
- 1 year of membership, including newsletter, to the Central Iowa Beekeepers Association
- Registration fees for Beginning Beekeeping Classes, including all educational supplies
- Mentoring by an CIBA member throughout the year

**The Scholarship Program Scholar will be expected to:**

- Attend and successfully complete the agreed upon Beginning Beekeeping Classes
- Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others as well as maintain communication with Mentor and Scholarship Coordinator
- Successfully keep colony of bees throughout the year
- Attend a CIBA Meeting of the current year for acceptance of scholarship and present a final report (could be a display, scrapbook, video etc.) to the coordinator/committee at a CIBA Meeting during the completion/following year

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

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## WAIVER/BINDER

We/I understand that neither CIBA nor any of the Association members are liable for any accidents or injuries which may occur while my child or ward, \_\_\_\_\_, is working with the bees and equipment.

We/I also understand the bee colony and equipment remain the property of CIBA, and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of CIBA.

In the event that my child or ward, for any reason, can no longer pursue the beekeeping project, the CIBA Youth Scholarship Program Coordinator shall be notified and the equipment and colony of bees will be returned to CIBA.

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 are not met and the youth does not attend a CIBA Meeting to receive completion certificate, the youth will be required to reimburse the CIBA for the equipment, classes, and the hive of bees. The cost of reimbursement will be \$700.00.

## PARENTAL/LEGAL GUARDIAN CONSENT

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. If the criteria are not met, the scholarship recipient will be asked to reimburse the CIBA the sum of \$700.00 for equipment, classes and hive of bees.

I am the above-named applicant's parent or legal guardian. My child or ward 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 CIBA and their members from any and all liability for any accidents, mishaps or other occurrences which may happen in the pursuit of this project.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardians Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Scholarship Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
CIBA President

\_\_\_\_\_  
Date

# Susan Kelly Memorial Youth Scholarship Program

## Selection Criteria

- Youth must be between the ages of 13 and 16 by December 1<sup>st</sup> of the current year
- Applicant must be currently enrolled in public, private or home school
- Applicant **must complete** and return all paperwork, including permission and agreement form signed by parent or legal guardian
- The application with supporting documents, as well as the waiver/binder form must be submitted to the Youth Scholarship Coordinator, postmarked no later than **December 1** of the current year
- All applicants must be new to beekeeping--if immediate family members are beekeepers you will **not** be eligible to apply

## Selection Process

- After all applications have been received, a selection committee will carefully consider each and select finalists
- Finalists will be contacted by phone soon after December 1<sup>st</sup>--at that time, finalists will schedule a phone/zoom interview with the CIBA Susan Kelly Memorial Youth Scholarship Committee
- Interviews will take place during the middle/end of December
- The Susan Kelly Memorial Youth Scholarship Program Scholar will be announced during the CIBA January Meeting--at that time, the selected scholar will have the opportunity to meet the scholarship recipients of the previous year.

## Application Checklist

- Completed the application (You must complete all the form to be considered for the scholarship program)
- Waiver/Binder form, including applicant and parent/legal guardian signatures (page 3)
- Summary of Involvement (school and/or community--directions on page 1)
- Two (2) letters of recommendation (directions on page 2)

For more information contact Jamie Beyer, (515) 231-0215 or [beyersbog@aol.com](mailto:beyersbog@aol.com)

A copy of the youth's application including the waiver form, summary of involvement, and 2 completed recommendations should be mailed and postmarked **NO LATER THAN DECEMBER 1<sup>ST</sup>** of the current year to:

Jamie Beyer, Acting Coordinator  
Susan Kelly Memorial Youth Scholarship Program  
269 U Ave.  
Boone, IA 50036