



# *Ohio State Beekeepers Association*

## **4H Partnership Program - 2018**

Sponsored by the Ohio State Beekeepers Association (OSBA)

Ohio State Beekeepers Association supports new young beekeepers through our 4H Partnership Program. We realize that success of a new beekeeper is not reliant on the work of the student and money alone, but by the effort of the partnership. Thus, the 4H Partnership Program encourages participation of the guardian, 4H Ohio adviser, local Ohio association and mentor.

The number of scholarships available per year will vary based on the amount of available funds and donations. The number will be posted each year on the OSBA website. For 2018 there are 5 scholarships available.

### **Selection Criteria**

1. Ohio youth must be between the ages of 12 and 18 by January 1st of the current year of the scholarship.
2. Applicant must be currently enrolled in public, private, or homeschool.
3. Must be a current member of Ohio 4H
4. Applicant must complete and return all paperwork, including permission and agreement form signed by parent or guardian. The application with supporting documents, as well as the waiver/binder form must be received by the Program Coordinator between October 1, 2017 through November 21, 2017.

### **Selection Process**

1. After all applications have been received; a selection committee will carefully consider each and select finalists.
2. Finalists and/or their mentors may be contacted for a phone interview.
3. The 4H Beekeeping Partnership Program Scholars will be announced by January 6, 2018.
4. Selection by the committee is final.

For additional information, questions or comments see the OSBA website at [www.ohiostatebeekeepers.org](http://www.ohiostatebeekeepers.org) or contact us at [4h@ohiostatebeekeepers.org](mailto:4h@ohiostatebeekeepers.org) or call 567-703-6722

# 4H OSBA Ohio Partnership Program Application - 2018

Student's 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: \_\_\_\_\_

Sponsoring Ohio Beekeeping Association: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentor: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Experience: \_\_\_\_\_

Local Newspapers you wish to be contacted if you are chosen as a Partnership Scholar (optional):

# Application Checklist

1. Completed Application
2. Completed Questionnaire
3. Signed Terms and Conditions (Actual signatures required)
4. Waiver/Binder form including application and parent/guardian signatures.
5. Sponsoring association agreement.
6. Two **typed** letters of recommendation from non-family members.
7. **Typed** letter of recommendation from student's 4H advisor or leader.

Submit the completed application to [4h@ohiostatebeekeepers.org](mailto:4h@ohiostatebeekeepers.org) or contact us at: [4h@ohiostatebeekeepers.org](mailto:4h@ohiostatebeekeepers.org) or call 567-703-6722 for the current program coordinators mailing address. The complete application package is due by **November 21, 2017**.

## 4H OSBA Partnership Program - Questionnaire - 2018

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

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 and extracurricular activities such as: community, church, 4H, youth groups 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:

Do you or anyone in your immediate family have bees? YES or NO

Explain?

# 4H Partnership Program - Terms and Conditions - 2018

## **The selected Partnership Program Scholars will receive\*:**

1. Woodenware for two hives:
  - a. 2 screened bottom boards with white board
  - b. 2 entrance reducers
  - c. 8 medium boxes
  - d. 80 medium frames
  - e. 80 sheets of wired wax
  - f. 2 inner covers
  - g. 2 telescoping lids
  - h. 1 hive tool
  - i. 1 J-Hook tool
  - j. 1 smoker
  - k. 1 spool tinned wire
  - l. 1 packet grommets
  - m. 1 grommet tool
  - n. 1 wire embedder
2. 1-year membership with electronic version of the newsletter to OSBA
3. Free attendance to the OSBA Fall Convention (including 2 guests).
4. Beekeeper Training DVD
5. OSBA Apiary Diagnostic Kit

*\*Upon successful completion of the qualifying term, and the satisfaction of stated conditions, the recipient will be presented with a Certificate of Completion of the program, and ownership of the equipment will be transferred to the Program Scholar.*

## **The Partnership Program Scholar will be expected to:**

1. Provide bees for the two colonies. Must provide OSBA with the chosen source of bees. Last year a package of bees cost between \$110-140 per package. Package bees or nucs must be ordered as soon as possible, once award is given. Contact sponsoring association for details.
2. Attend and successfully complete the agreed upon Beginning Beekeeping Classes, if available.
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 two colonies of bees in Ohio throughout year.
5. Attend local Ohio bee associations meetings whenever possible.
6. Provide a quarterly update (photos, short diary) for the OSBA newsletter. Deadlines are: March 15, June 15 and September 15.
7. Present a final report (could be a display, scrapbook, paper, video etc.) to the membership at the OSBA Annual Meeting. The annual meeting is November 3, 2018.
8. If the criteria is not met, then the award recipient and responsible guardian will be responsible for reimbursing OSBA \$500.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the OSBA Annual Meeting upon successful completion of the program criteria and positive evaluation by sponsoring association. The 4H scholarship recipient will attend the Saturday session of the OSBA Fall Conference to receive a completion certificate and retain ownership of the equipment.

If the criteria is not met the youth and responsible guardian will be required to reimburse the OSBA \$500.

I have read and understand the above:

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Applicant Signature

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Date

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Parent or Guardian Signature

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Date

# 4H Partnership Program - Waiver/Binder & Consent - 2018

## WAIVER/BINDER

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

In the event that \_\_\_\_\_, for any reason, can no longer pursue the beekeeping project, the OSBA Partnership Program Coordinator shall be notified and the equipment will be returned to the OSBA.

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 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 OSBA \$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 OSBA 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. If the criteria is not met the youth and responsible guardian will be required to reimburse OSBA \$500.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# 4H Partnership Program - Sponsor Agreement - 2018

Applicant's Name: \_\_\_\_\_

Sponsoring Association: \_\_\_\_\_

Name: \_\_\_\_\_

Title (President, etc):

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that mentorship plays a critical role in ensuring success of our new young beekeepers.

The local beekeeping association agrees to provide:

- Membership for the applicant and their parents/guardians to the local association for a year including all privileges of a normal member.
- Free attendance to a beginner beekeeping class (if the association holds one).
- Assistance locating a local source of bees, nucleus (preferably) or a package that can be picked up.
- Mentorship to assist the student with questions and problems throughout the year.

\_\_\_\_\_  
Association Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date