

# **BSBA Scholarship Program - 2024**

Sponsored by the Black Swamp Beekeepers Association (BSBA)

Black Swamp Beekeepers Association supports new young beekeepers through our Scholarship Program. The long-term success of our future beekeepers is built on a solid foundation of scientific knowledge, mentoring with experienced beekeepers, and hands-on experience with proper equipment and gear. The Scholarship Program encourages the participation of the guardian, student, local association, and mentor.

The number of scholarships available per year will vary based on the amount of available funds and donations. Each year, the number will be posted on each county.

## **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 currently enroll in public, private, or homeschool.
3. Must be a current member of Ohio 4-H.
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 Sunday, January 28th, 2024 through Friday, March 1st, 2024.
5. Please send completed applications to Attn:

Chris Coppes,  
27878 Jewell Rd,  
Defiance OH 43512

## **Selection Process**

1. After all applications have been received, a selection committee will carefully consider each applicant and select finalists.
2. Finalists and/or their mentors may be contacted for a phone interview.
3. Application deadline ~ Friday, March 1st, 2024
4. The Scholarship Program recipients will be announced on Tuesday, March 5th, 2023
5. Equipment will be distributed to the winners at a meeting or class held by their sponsoring association in March.
6. Selection by the committee is final.

For additional information, questions or comments, contact the BSBA President ~ Jamie Walters 419-438-7335 or Program Coordinator ~ Chris Coppes 419-439-7874

## BSBA Scholarship Program Application - 2024

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: \_\_\_\_\_

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

If you do not know of a mentor, please contact BSBA for the current mentorship list.

Experience: (min. 5 yrs. experience) \_\_\_\_\_

Local Newspapers you wish to be contacted if you are chosen as a Scholarship Recipient (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.

The complete application package is due by Friday, March 1st, 2024.

Send completed applications to:

Chris Coppes  
27878 Jewell Rd  
Defiance, OH 43512

## Important Dates

- Sunday, January 28<sup>th</sup>, 2024 - Applications are available
- Friday, March 1<sup>st</sup>, 2024- Complete applications must be received. No exceptions.
- Tuesday, March 5<sup>th</sup>, 2024 – Winners are announced and contacted by phone. See <https://www.facebook.com/BlackSwampBeekeepersAssociation>
- Winners will also be announced on BSBA Facebook & Defiance Crescent News
- March – Equipment delivery date will vary based on our association meeting & supplier.
- Student Report ~ Deadlines are May 1<sup>st</sup>, July 1<sup>st</sup>, September 1<sup>st</sup> articles due for the BSBA Newsletter.
- 15-minute presentation at the November recognition party.

# BSBA Scholarship Program - Questionnaire - 2024

## **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 BSBA Scholarship Recipient?

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?

# BSBA Scholarship Program - Terms and Conditions - 2024

## **The selected Scholarship Program Participant will receive\*:**

1. Woodenware for two hives\*\*:
  - a. 2 screened bottom boards with whiteboard (8 Frame)
  - b. 2 entrance reducers (8 Frame)
  - c. 10 medium boxes (8 Frame)
  - d. 80 medium frames
  - e. 80 sheets of black plastic foundation
  - f. 2 inner covers (8-frame)
  - g. 2 telescoping lids (8-frame)
  - h. 1 hive tool
  - i. 1 J-Hook tool
  - j. 1 smoker
2. 1-year membership with BSBA
3. Free Beginning Internship Classes 2024
4. 1-year subscription to Hive Newsletter
5. Honeybee Health Coalition booklet

*\*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.*

*\*\*Provided equipment may vary. BSBA may also receive donated equipment allowing additional scholarships to be granted. Donations may vary from the official list of woodenware.*

## **The Scholarship Program Participant will be expected to:**

1. Provide bees for the two colonies. Must provide BSBA with the chosen source of bees. Last year, a nuc of bees cost between \$180-200 per nuc. 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 Class.
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 the year at their own apiary or at the Pollinator Sanctuary & Training Facility of Defiance County.
5. Attend Black Swamp Beekeepers Association monthly meetings. Must be a member of the local association.
6. Provide a quarterly update (photos, short diary) for the BSBA newsletter. Deadlines are: May 1st, July 1st and September 1.
7. Present a final report (could be a display, scrapbook, paper, video etc.) to the membership at the BSBA Recognition Potluck Party in November 2024.
8. If the criteria are not met, then the award recipient and responsible guardian will be responsible for reimbursing BSBA \$750. \* In the event of a natural disaster such as; flooding, wildfire, natural causes, or tornado, the scholarship recipient will not be required to reimburse BSBA.

9. Scholarship recipient must register their Apiary and pay the \$5.00 to the Ohio Department of Agriculture.
10. Scholarship recipient must agree to a hive inspection by the county Apiary Inspector or a member of the sponsoring association.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the BSBA Recognition Potluck Party upon successfully completing the program criteria and positive evaluation by sponsoring association. The scholarship recipient will receive a completion certificate and retain equipment ownership at this event.

If the criteria are not met, the youth and responsible guardian must reimburse the BSBA \$750.

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

# BSBA Scholarship Program - Waiver/Binder & Consent - 2024

## WAIVER/BINDER

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

In the event that \_\_\_\_\_, for any reason, can no longer pursue the beekeeping project, the BSBA Scholarship Program Coordinator shall be notified, and the equipment will be returned to the BSBA as long as the equipment has not been in contact with any bees.

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 Recipient. If the criteria are not met the youth and responsible guardian will be required to reimburse the BSBA \$750.

## 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 BSBA 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

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

\_\_\_\_\_  
Date

# BSBA Scholarship Program - Mentor Agreement - 2024

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

Mentor's Name:(min. 5 yrs. experience) \_\_\_\_\_

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

If you cannot locate a mentor, please contact the BSBA President ~ Jamie Walters, 419-438-7335, or Program Coordinator ~ Chris Coppes, 419-439-7874, for the current mentorship list.

I understand that mentorship plays a critical role in ensuring the 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 regular member.
- Free attendance to a beginner beekeeping class (if the association holds one).
- Assistance locating a local source of bees, a nucs (preferably), or a package that can be picked up.
- Mentorship to assist the student with questions and problems throughout the year.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date