OSBA Youth Scholarship Program - 2024
Sponsored by the Ohio State Beekeepers Association (OSBA)

Ohio State Beekeepers Association supports new young beekeepers though our Youth Scholarship 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 Youth Scholarship Program encourages participation of the guardian, 4-H & FFA advisers, local Ohio clubs/associations and mentors.

The number of scholarships available per year will vary based on the amount of available funds & donations. The number will be posted each year on the OSBA website. For 2024 there are at least 10 scholarships available: 5 designated for 4-H and 5 designated for FFA

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 home school.
3. Must be a current member of Ohio 4-H / FFA, in good standing.
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, Jamie Walters between Tuesday, August 1, 2023 through Saturday, September 16, 2023.
5. There will be a mandatory Zoom webinar meeting on Sunday, September 17, 2023 at 7:00pm. Join with a pc, laptop, iPad, cell phone, or landline. Link will sent to all parents & students.

Selection Process

1. After all applications have been received; a selection beekeeping committee will carefully consider each and select finalists.
2. Finalists and/or their mentors may be contacted for a phone interview.
3. The Youth Scholarship Program Scholars winners will be announced on Saturday, October 7, 2023.
4. Equipment will be distributed to the winners at the OSBA Fall Conference, by OSBA Directors or by their sponsoring association.
5. Selection by the OSBA Committee is final.

For additional information, questions or comments see the OSBA website https://ohiostatebeekeepers.org/youth-scholarship-program/ or email youth-scholarship@ohiostatebeekeepers.org or call/text 419.438.7335
OSBA Youth 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 / FFA Club: _________________________________________________________________
Advisor’s Name: _________________________________________________________________
Home Phone: ________________ Cell Phone: ____________ E-mail: ________________

Sponsoring Ohio Beekeeping Association Club/Association: _________________________________
Officers Name: _________________________________________________________________
Title (President, etc): ______________________________________________________________
Home Phone: ________________ Cell Phone: ____________ E-mail: ________________
Mentor: ___________________________ Contact Information: _____________________________
Experience: (min. 5 yrs. experience) ___________________________________________________
Local Newspapers you wish to be contacted if you are chosen as a Youth Scholarship Student (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 4-H / FFA advisor.
8. Attend the mandatory Zoom webinar meeting on Sunday, September 17, 2023 at 7:00pm

Submit the completed application to Ohio State Beekeepers at: youth-scholarship@ohiostatebeekeepers.org
or call/text 419.438.7335 or mail to 730 Deerwood Drive, Defiance, OH 43512. The complete application package is due by Saturday, September 16, 2023.

To find a local association in your area see

http://www.ohiostatebeekeepers.org/associations/local-associations/

Important Dates

- Tuesday, August 1, 2023 - Applications are available at https://ohiostatebeekeepers.org/youth-scholarship-program/

- Saturday, September 16, 2023 - Complete applications must be received. No exceptions.

- Sunday, September 17, 2023 at 7:00pm – Attend a mandatory Zoom webinar.

- Saturday, October 7, 2023 – Winners are announced. See http://www.ohiostatebeekeepers.org

- October to November – Equipment delivered. Date will vary based on your local association meeting/class dates.

- March 1st, June 1st, September 1st, November 1st – Newsletter reports are mandatory & due by each date.

- Your attendance at the OSBA Fall Conference ~ attendance for student + 2 parents
OSBA Youth 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 an OSBA Youth Scholarship Scholar?

Summarize your involvement in school and extracurricular activities such as: community, church, 4H, FFA, 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?
The selected Youth Scholarship Student will receive*:

1. Woodenware for two hives and beekeeping tools:
   a. 2 screened bottom boards with white board (8 Frame)
   b. 2 entrance reducers (8 Frame)
   c. 10 medium boxes (8 Frame)
   d. 80 medium frames
   e. 80 sheets of wired wax
   f. 2 inner covers (8-frame)
   g. 2 telescoping lids (8-frame)
   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/spur tool

1. 1-year membership with electronic version of the newsletter to OSBA
2. Free attendance to the OSBA Fall Convention (including 2 guests).
3. OSBA Hive Digest
4. 1-year subscription to Bee Culture magazine
5. 1-year subscription to American Bee Journal magazine

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

The Youth Scholarship Student will be expected to:

*Parent and student read and initial each detailed point to the agreement below:

_________ 1. Provide bees for the two colonies. Last year a package of bees cost between $160-180 per package. Package bees or nucs must be ordered as soon as possible, once award is given. Contact sponsoring association for details. Keep two colonies of bees in Ohio throughout year.

_________ 2. Attend and successfully complete the agreed upon Beginning Beekeeping Classes with a sponsoring club/association.

_________ 3. Keep a written record complete with dates, photos, and other pertinent data to assist in sharing the Scholars' beekeeping experience with others.
4. Attend local Ohio bee associations and attend those local meetings. Must be a member of a local association.

5. Provide a quarterly update (photos, short diary) for the OSBA newsletter. Deadlines are: March 1st, June 1st, September 1st, and November 1st.

7. Present a final report (could be a display, virtual, scrapbook, photos, paper, video etc.) to the membership at the OSBA Annual Conference in 2024.

8. If the criteria is not met, then the award recipient and responsible guardian will be responsible for reimbursing OSBA $500. *Act of God or circumstances beyond the beekeeper’s control.

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 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 are not met the youth and responsible guardian will be required to reimburse the OSBA $500.

I have read and understand the above:

___________________________________________  ___________________
Applicant Signature    Date

____________________________________________
Parent or Guardian Signature    Date
OSBA Youth Scholarship Program - Waiver/Binder & Consent - 2024

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 Youth Scholarship Program, Chairman (Jamie Walters – 419.438.7335) 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
OSBA Youth Scholarship Program - Sponsor Agreement - 2024

Applicant's Name: ___________________________________

Sponsoring Association: ________________________________

Officers Name:  ______________________________________________________________________

Title (President, etc.):  __________________________________________________________________

Home Phone:  __________________ Cell Phone: _____________ E-mail: __________________________

Mentor’s Name: (min. 5 yrs. experience) ____________________________________________________

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, nuc (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