



**SOUTHERN ADIRONDACK BEEKEEPERS ASSOCIATION  
AUGUST and JOSEPHINE WOLF/AL LOUNSBURY  
YOUNG BEEKEEPER AWARD**

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**Objective:**

1. To educate youth in the art of beekeeping to promote a better understanding of the value of honeybees to our environment and the food chain.
2. To provide an opportunity for youth to experience responsibility and enjoyment through beekeeping.
3. To provide an avenue for youth to engage in an avocation and gain the potential to pursue beekeeping as a sideline or fulltime vocation.

**THE AWARD**

1. A one year membership in the Southern Adirondack Beekeepers Association (SABA)
2. A beginning beekeeper seminar registration At *Betterbee* in Greenwich, and a textbook.
3. A complete set of woodenware for a beehive.
4. A nuc or a package of bees for the hive.
5. Beekeeping gear: hat, veil, gloves, hive tool, and bee smoker.
6. Mentoring by a SABA member for one year.

**ELIGIBILITY**

1. The applicant must be of middle school or high school age by December 1 of the current year.
2. The applicant must be a resident of one of the following counties: Albany, Fulton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, or Washington.
3. The applicant must be currently enrolled in public private or home school.
4. The applicant must have permission and agreement from parent or guardian.
5. The application must be submitted to the Southern Adirondack Beekeepers Association no later than the first Friday in October.

**AWARD COMMITTEE**

1. Finalists will be selected by the Young Beekeeper Award Committee.
2. The Award Committee will arrange an interview with finalists and parents/guardians
3. The award will be presented to the selected applicant by the Award Committee at the November General Meeting of SABA

**APPLICATION**

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Summary of your involvement in school, community, church, and other youth or civic organizations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a paragraph on why you are interested in bees and beekeeping, and what you hope to accomplish if you are chosen for this award. (Use the back side of page 4 if more room is needed.)

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Parent or Guardian: Do you feel your child can benefit from this program? \_\_\_\_\_

Do you feel you can support and encourage your child in this effort? \_\_\_\_\_

Does anyone in your immediate family keep bees? \_\_\_\_\_

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**TERMS AND CONDITIONS OF AGREEMENT**

The recipient of this award will receive woodenware consisting of a standard hive body with frames and foundation, a bottom board, a top cover, a nucleus of bees with queen, and the necessary beginner's equipment to start the beekeeping project.

The recipient will also receive the additional benefit of: (1) a one year's membership in SABA. (2) will be able to participate in the Association's monthly meetings or workshops, and will receive the Association Newsletter, (3) registration in a beginning beekeeping seminar, (4) mentoring by a SABA member throughout the year, (5) will receive Association assistance in extracting the first year's honey crop.

The recipient will be expected to attend at least 50% of the meetings through the year, and to present a short progress report of the activities to date. The recipient will keep a written record complete with dates, photos, and other pertinent data sufficient to substantiate all progress reports. A final report will be presented at the September meeting. Successful attendance and completion of the seminar is required.

A Certificate of Completion and full ownership of the colony and the equipment will be presented at the following November meeting if the award recipient has met all requirements.

**WAIVER/BINDER**

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We/I understand that neither the SABA 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 SABA and cannot be sold, given away, or destroyed during the qualifying period without the written consent of the same.

In the event that \_\_\_\_\_ loses interest or can no longer pursue the beekeeping project, the SABA will be notified and the equipment and the colony of bees will be returned to the same.

Upon successful completion of the qualifying term, and the satisfaction of stated conditions, the recipient will be presented the Certificate of Completion of the award and receive ownership of the beehive and related equipment.

**PARENTAL CONSENT**

I am the above named applicant's parent or guardian. S/he is not known to be allergic to bee stings and has my consent to accept this award if chosen. Furthermore, I agree that by signing this waiver I relieve the Southern Adirondack Beekeepers Association and their members from any liability for any accidents of mishaps which may occur in the pursuit of this project.

**SIGNATURES**

_____ <b>Applicant</b>	_____ <b>Parent or Guardian</b>
_____ <b>Award Committee Chair</b>	_____ <b>SABA President</b>

Send Completed application to:  
 Dan Kerwood, SABA President,  
 400 So. Market St.,  
 Johnstown, NY 12095  
 (518) 762-9364

