



SOUTHERN ADIRONDACK BEEKEEPERS ASSOCIATION AWARDS FOR YOUNG BEEKEEPERS

APPLICATION PACKET

The ***Southern Adirondack Beekeepers Association (SABA)***, together with donations from various members, SABA fundraising efforts, and support from ***Betterbee, Inc.***, promotes beekeeping among youths through two awards:

August and Josephine Wolf / Al Lounsbury Young Beekeeper Award

Bob Stevens Youth Award

Youths interested in beekeeping may apply for both awards using a single application. Applicants are eligible to receive only one award.

Objectives:

1. To educate youth in the art and science 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 Awards:

1. A one-year membership in the Southern Adirondack Beekeepers Association (SABA).
2. Free attendance at SABA's annual beekeeping seminar.
3. A beginning beekeeper seminar registration at Betterbee in Greenwich.
4. A beekeeping textbook.
5. A complete set of woodenware for a beehive.
6. A nuc or a package of bees for the hive.
7. Beekeeping gear: hat, veil, gloves, hive tool, and bee smoker.
8. 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, 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 received by the Southern Adirondack Beekeepers Association no later than October 15. Please mail early!**

Applicant Name:

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.

SECTION 1 – To be completed by the applicant

Name _____ Date of Birth _____

Address _____ Phone _____

City _____ Zip _____

Parent or Guardian Name _____

Provide a brief summary of your involvement in school, community, church, and other youth or civic organizations.

Describe 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 this page if more room is needed.)

SECTION 2 – To be completed by the 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? _____

If so, who? _____

SECTION 3 – 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, including receipt of *The Beeline*, the Association's newsletter, (2) the ability to participate in the Association's monthly meetings or workshops, (3) registration in a beginning beekeeping seminar, (4) mentoring by a SABA member throughout the year, and (5) 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.

SECTION 4 – Waiver / Binder (to be completed by the parent or guardian)

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, 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.

SECTION 5 – 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

Applicant

Parent or Guardian

Award Committee Chair

SABA President

Send completed application to:

Marsha Williams
12 So. Helderberg Pkwy.
Slingerlands, NY 12159