

West Sound Beekeeper's Study Grant Application

The West Sound Beekeeper's Association (WSBA) will grant up to \$200.00 in supplies and equipment in order to furnish guidance and instruction to help a selected young person between the ages of 13 through 18 get started in beekeeping. Applicants must live within the service area of the WSBA and attend scheduled meetings and activities.

Grantees will be required to complete the Apprentice level course in the Washington State University /Washington State Beekeeper's Association Master Beekeeping Certification program within one year of grant selection. This involves up to 5 hours of classroom instruction and successful completion of a written examination. Grantees will additionally be required to establish and maintain at least two colonies of honey bees in Langstroth type hives. Failure to meet the above requirements will necessitate return to the WSBA of all loaned, purchased and/or donated equipment.

Applicants are requested to fill out both pages of the following form by printing or typing, and to submit a letter in applicants own words telling why she or he wants to get involved in beekeeping and two letters of recommendation, one of which is from a non-relative. Promising applicants will be interviewed by the WSBA Study Grant Committee prior to final selection. Please read Study Grant rules at the end of this application.

Applicant:

Name _____
(surname) (first name) (middle name)

Date of Birth _____ Home Phone # _____

Address _____
(house no. & street)

City _____ State _____ Zip Code _____

e-mail address _____

Please list your current school, with at least one teacher who we can contact and two people who may be good references.

School name: _____

School phone no. _____ School GPA: _____

School contact: _____ Teacher phone: _____
(teacher name)

Reference: _____ phone _____
(not related to you)

Reference: _____ phone _____
(not related to you)

Do you have a place to keep two or more hives of honey bees? YES NO

Signature of applicant: _____

Parent or Guardian:

Parent(s) or Guardian(s): _____

Address _____

City _____ State _____ Zip Code _____

Phone no. Home (____) _____ Work (____) _____

Acknowledgment/Assumption of Risk/Waiver. The undersigned hereby acknowledges that there are inherent risks associated with the act of Beekeeping. Allergic reactions associated with bee stings and/or bee products may be severe. By their signature(s) below, the undersigned hereby assumes the risks, dangers, or hazards associated with Beekeeping.

The undersigned affirmatively waives any claim, or right of claim, against the West Sound Beekeeper's Association and any of its officers or members for damages arising out of the Applicant's participation in the West Sound Beekeeper's Association and/or the act of Beekeeping. Further, the undersigned hereby agrees to hold harmless the West Sound Beekeeper's Association, its officers or any one of its members of the claim that may be asserted in connection with the participation in the West Sound Beekeeper's Association or in the act of Beekeeping, to include costs and attorneys fees reasonably incurred in defending a claim. This Waiver and hold harmless provision shall extend to the undersigned, as well as their successors and/or heirs.

The undersigned hereby attests to the following:

_____ NO. Neither the applicant nor any member of his/her family has a known allergy to honey bee venom or honey bee products

_____ YES. The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products

If you have checked "YES": "The Applicant and/or any member of his/her family is known to have allergic reactions to honey bee venom or honey bee products", please explain on a separate sheet of paper the nature of the allergy and why you still wish to give your consent to have the applicant participate in Beekeeping through the West Sound Beekeeper's Association.

By affixing my signature hereto, I hereby affirm that I have fully read, and understand, all of the provisions above and that I hereby give my consent to have my child participate in Beekeeping through the West Sound Beekeeper's Association.

Dated: _____
Parent/Guardian Signature

_____(Print Name)

Dated: _____
Parent/Guardian Signature

_____(Print Name)

West Sound Beekeepers Association Study Grant Rules

1. Applications may be obtained through any one of the West Sound Beekeepers Association (WSBA) Scholarship Committee members. Or on the WSAB web site.
2. Study Grant applications shall be received from August 1 through November 1 of each year. Applications received after November 1 will not be accepted.
3. The term of the Study Grant shall be for one year starting January 1.
4. At the discretion of the S.G. Committee, applications not filled out completely and legibly will not be accepted.
5. The service area of the WSBA shall include all of Kitsap County and those parts of adjoining counties were attendance to all the general meetings, Beginning Beekeeper classes, and field days will not be a hardship.
6. All applicants must have reached the age of 13 by January 1 of the year following the year of acceptance.
7. Grantees will receive a one year membership in the WSBA and bee equipment and supplies.
8. Grantees will be expected to give an oral presentation to the general membership of what they have learned from the program.

Please return application or address questions to one of the following:

Paul Lundy
7346 NE Crawford Dr.
Kingston, WA 98346
360-297-6743

Rusty King
360-697-1588

Roy Barton
360-613-0175

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