

2023 HCBA APPRENTICESHIP / SCHOLARSHIP APPLICATION

Harrison County Beekeepers Association (HCBA) has a goal of promoting beekeeping to all ages. The goal of the apprenticeship program is to bring new successful candidates into beekeeping. We can help them to set up their first hive and give them the knowledge needed to be a successful through a mentoring program, classes, and club meetings. You will be loaned all that is necessary to become a beginning beekeeper. This equipment would then become yours after successfully completing your apprenticeship.

EQUIPMENT:

1. Complete two deep hive
 2. Medium honey super and frames
 3. Queen excluder
 4. Hive tool
 5. Veil and jacket
 6. Gloves
 7. Smoker
 8. The bees
1. Bees, equipment, and tools must be cared for properly.
 2. The apprentice and HCBA will jointly own the bees, equipment, and tools until completion of the program (2 years). After that time, this equipment will become theirs.
 3. If the provisions of this contract are not met, the apprentice will forfeit their ownership of any bees and equipment supplied by HCBA.
 4. The applicant hereby acknowledges and indemnify and holds harmless the HCBA for any accident that may occur during participation in this program.
 5. There will be a \$30.00 deposit that will be refunded in October once all the reports are done.

ACADEMIC

1. Must attend beginner beekeeper classes paid for by HCBA.
2. Attend a minimum of four (4) HCBA meetings.
3. Keep records throughout the year of keeping bees through a journal, photography, and hive inspection forms.
4. Give a monthly report at club meetings and to mentors.
5. Failure to meet requirements, could at the club's discretion, result in the forfeiture of bees, tools, and equipment supplied by the HCBA.
6. If applicant is under the age of 16, parent must attend classes.

APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

PARENTS/GUARDIANS (IF UNDER 16): _____

CONTACT INFO FOR PARENTS: _____

LOCATION WHERE HIVE WILL BE KEPT: _____

WHY DO YOU WANT TO KEEP BEES:

This contract is be signed and returned to HCBA by _____.

Applicant: _____ Date: _____

Parent/Guardian (if needed): _____

For more information, contact:
Elaine McDonald (740)658-3749
Steve Whiting (740) 546-3335
Larry Carothers (740) 312-0824

