

LVBA Scholarship Application

Name: _____

Address: _____

Date of Birth: _____

School and Grade (if applicable): _____

Email address: _____

Parent/Guardian Name: _____

Parent/Guardian Email address: _____

How did you hear about the scholarship?

Do you have any other agricultural or special interests?

Are you involved with other organizations (4H, scouts, extracurricular activities)?

Do you have any previous experience working with bees or know a friend who keeps bees?

***Application form, essay, waiver and parental consent form must be submitted together

LVBA Scholarship Binding Agreement

I/We understand that neither the Lehigh Valley Beekeepers Association (LVBA), nor any of its members are responsible for any accidents or injuries that may occur while _____ (name of applicant and parent if applicable) is working with the aforementioned bees or equipment.

I/We also understand the honeybee colony and equipment remains the property of LVBA until successful completion of the terms and conditions of the agreement as stated on the LVBA Scholarship for Young Beekeepers page. No LVBA-provided items may be sold, given away, or destroyed during the one year mentoring period for the scholarship.

In the event that the recipient loses interest or can no longer pursue beekeeping, LVBA must be notified immediately and all equipment, the colony of bees, and the hive must be returned in proper condition to the Lehigh Valley Beekeepers Association.

LVBA Scholarship Parental Consent Form

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 and complete this scholarship if chosen. Furthermore, I agree that by signing this waiver, I release the Lehigh Valley Beekeepers Association and its members from any liability for any accident or mishap that may occur in pursuit of this scholarship. I/We also consent to the use of photographs taken to be shared with other club members via their social media page, website, and newsletter.

Date: _____

Applicant Signature

Parent or Guardian Signature

LVBA Board Member

LVBA President