

# Pierce County Beekeeper's Study Grant Application

The Pierce County Beekeeper's Association (PCBA) will grant up to \$300.00 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 PCBA 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 6 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 PCBA of all loaned 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 PCBA 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 the organizations of which you are a member and offices held therein.

School \_\_\_\_\_ Office(s) held \_\_\_\_\_

Organization \_\_\_\_\_ Office(s) held \_\_\_\_\_

Organization \_\_\_\_\_ Office(s) held \_\_\_\_\_

Organization \_\_\_\_\_ Office(s) held \_\_\_\_\_

Do you have a place to keep two or more hives of honey bees? yes \_\_\_\_\_ no \_\_\_\_\_

School \_\_\_\_\_

School Phone No. \_\_\_\_\_ School GPA \_\_\_\_\_

Signature of applicant: \_\_\_\_\_  
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 Pierce County Beekeeper’s Association and any of its officers or members for damages arising out of the Applicant’s participation in the Pierce County Beekeeper’s Association and/or the act of Beekeeping. Further, the undersigned hereby agrees to hold harmless the Pierce County 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 Pierce County 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 Pierce County 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 Pierce County Beekeeper’s Association.

Dated: \_\_\_\_\_  
Parent/Guardian Signature

Print Name

Dated: \_\_\_\_\_  
Parent/Guardian Signature

Print Name

## Pierce County Beekeepers Association Study Grant Rules

The Pierce County Beekeeper's Association (PCBA) will grant up to \$300.00 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 PCBA and attend scheduled meetings and activities. The term of the Study Grant shall be for one year starting January 1.

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 6 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 PCBA of all loaned and/or donated equipment.

- Applications may be obtained through any one of the Pierce County Beekeepers Association (PCBA) Study Grant Committee members hereafter called the S.G. Committee (see below) or at the PCBA web site <<http://www.pcbeekeepers.org>>.
- The Study Grant applications shall be received from August 1 through two days prior (Saturday) of the PCBA first Monday in November general meeting.  
*Applications received after the cut off date will not be accepted*
- Study Grant applicants and parent/parents or guardian must be present by 6:30 at the PCBA November general meeting for a interview. The November meeting is held on the first Monday of November
- At the discretion of the S.G. Committee, applications not filled out completely and legibly will not be accepted.
- The service area of the PCBA shall include all of Pierce County and those parts of adjoining counties were attendance to all the general meetings, Master Beekeepers classes, and field days will not be a hardship.
- All applicants must have reached the age of 13 by January 1 of the year following the year of acceptance.
- Grantees will receive a one year membership in the PCBA and one year free enrollment in the Master Beekeepers program in addition to bee equipment and supplies.
- Grantees will be expected to give an oral presentation of what they have learned from the program.

For further information please contact:

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