

Pineywoods Beekeepers Association  
Youth Program  
Application / Agreement

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**OBJECTIVES**

1. To educate youth in the art and science of beekeeping to promote a better awareness of the value of honey bees to our environment and to the food chain.
2. To provide an opportunity for youth to experience responsibility through animal husbandry 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 full-time vocation.

**THE AWARD**

1. A one-year Pineywoods Beekeepers Association (PBA) membership through the current year.
2. A PBA Bee School registration (held over three Saturdays, 2/17, 2/24 and 3/2), including a family member audit opportunity.
3. Use of beekeeping protective gear, hive tool, and smoker with \$100 deposit.
4. Mentoring by a PBA seasoned beekeeper member for one year.
5. Woodenware for a single deep honey bee hive with Boardman entrance feeder.
6. A nuc (starter colony) of honey bees for the hive in Spring 2025, upon successful completion of all requirements

**ELIGIBILITY**

The applicant must:

1. be between 12 and 17 years old by December 31, 2023, and be currently enrolled in public, private, or home school.
2. be a resident of Angelina or surrounding county.
3. have permission and agreement from their parent/guardian (form attached), who is also willing to participate with the applicant and PBA mentor in beekeeping at the applicant's bee colony. Further, a parent/guardian must be present for each mentor visit (adult protective gear suggestions will be provided).
4. submit this application to the Pineywoods Beekeepers Association postmarked no later than February 3, 2024.
5. be prepared to budget further beekeeping equipment, including a second deep brood box (equipment sources will be provided), beekeeping protective gear, smoker, and hive tool.
6. agree to attend all three days of Bee School, attend the minimum number of monthly meetings (5), and present the minimum number of updates (3) at meetings.
7. attend a minimum of six bee yard visits to the club or mentor's apiary.

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**YOUTH PROGRAM COMMITTEE**

1. Finalists will be selected by the Youth Program Committee or PBA Board.
2. If necessary, the Youth Program Committee will arrange an interview with finalists and parent/guardian.
3. Successful applicants will be notified and be contacted for Youth Program events: any Assembling Day (box and frames), Bee School, and/or PBA monthly meetings announced in the PBA Bee Line newsletter (by email).

**APPLICATION**

**PRINT** Name of Youth Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail address (PRINT CLEARLY) \_\_\_\_\_

**PRINT** Name of Parent or Guardian \_\_\_\_\_

➤ Choose Bee Glove sizing: Measure palm of hand (ex. 6 ¾") with measuring tape or non-stretch string AROUND widest part, and then length of hand from base of palm to tip of middle finger:

[     ] palm Width, and [     ] hand Length

➤ Choose Beekeeper jacket approx. sizing:

[    ] **Small** (130 lbs, Chest 38-40", Height 5'5") OR [    ] **Medium** (160 lbs, Chest 42-44", Height 5'8")  
OR [    ] **Large** if over previous measurements.

**For Applicant to fill out: Summary** of your involvement in school, community, church, and other youth or civic organizations (attach additional paper if needed):

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**Write** a brief paragraph describing why you are interested in honey bees and beekeeping, and what you hope to accomplish if you are chosen for this scholarship (attach additional paper if needed):

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**For Parent or Guardian:** How do you feel your child can benefit from this program?

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Do you feel you can support and encourage your child in this effort? (please explain)

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Does anyone in your immediate family keep bees, and does the applicant help with any beekeeping tasks?

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**TERMS AND CONDITIONS OF AGREEMENT**

1. Youth Program recipients will receive woodenware consisting of a standard hive body with frames and foundation, a bottom board, an inner cover, and top cover, an entrance feeder, a nucleus colony of bees with new queen, and the use of necessary protective gear and beginner's equipment to start the beekeeping project (with \$100 deposit). Sources for purchase of any additional appropriate beekeeping supplies will be provided.
2. The recipients will receive the following benefits:
  - a. a current year membership in PBA
  - b. participation in PBA monthly meetings, events, Summer Picnic and Christmas Dinner
  - c. the monthly PBA Bee Line newsletter (by e-mail)
  - d. a PBA Bee School registration, including a family member audit opportunity
  - e. mentoring by PBA seasoned beekeeper members throughout the year
  - f. PBA assistance in extracting the first honey crop when the bee colony matures (contact your Mentor or Youth Program Coordinator)
3. The recipients will be expected to:
  - a. attend at least 50% of PBA monthly meetings held the second Thursday each month between March and December, inclusive, of the Youth Program year and the Summer Picnic and Christmas Dinner (at least five attendances).
  - b. present a short oral or written 5-minute progress update of their activities at minimum of three of the attended meetings, or mail/email update to Youth Program Coordinator to present if necessary. Some youth have created a photo album, or slide show, or artwork, etc.
  - c. keep a current written record pertaining to all activities associated with their beekeeping in addition to the short progress Updates.
  - d. attend all three scheduled days of PBA 2024 Bee School, February 17, February 24, and March 2.
  - e. attend a minimum of six bee yard visits to the club or mentor's apiary.
4. If the recipient has met all requirements, s/he will receive a nuc of bees in Spring 2025, after assembling the woodenware. If at any time during the year the applicant decides beekeeping is not for them, simply contact your Youth Program Coordinator to return the protective gear and equipment.

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Youth Applicant Signature / Date

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Parent/Guardian Signature / Date

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**WAIVER/BINDER**

We/I understand that neither Pineywoods Beekeepers Association (PBA) nor any of the PBA members are liable for any accidents or injuries which may occur while my child, \_\_\_\_\_, is working with the honey bees, or beekeeping equipment and protective gear mentioned previously above.

We/I also declare that my child named above does not possess any known medical allergy or severe allergic reaction to honey bee, or insect stings requiring emergency medical attention. In addition, my child named above has been stung at least twice by a venomous insect and not had a true medical allergic reaction.

We/I also understand the honey bee colony, beekeeping equipment and protective gear remain the property of PBA, and cannot be sold, given away, transferred in any manner, or destroyed during the qualifying period without the written consent of PBA. And further, in the event that my child named above loses interest or can no longer pursue the beekeeping project, PBA shall be notified and arrangements made to have the honey bee colony, beekeeping equipment and protective gear returned to PBA.

\_\_\_\_\_ (Parent/Guardian Signature / Date)

**PARENTAL CONSENT**

I am the above named applicant's parent or guardian. He/She is not known to be medically allergic to honey bee stings and has my consent to apply for this program and pursue beekeeping, if chosen. Furthermore, I agree that by signing this Waiver, I relieve Pineywoods Beekeepers Association (PBA) and their members from any and all liability for any accidents, mishaps or other occurrences, which may happen in the pursuit of this project. By filling out and submitting this form, either electronically or otherwise, I understand that I am fully agreeing to all Terms and Conditions, and Waiver/Binder, set forth herein.

\_\_\_\_\_  
Parent/Guardian of Applicant / Date

\_\_\_\_\_  
Rachel Payne, 2024 Bee School Coordinator / Date

\_\_\_\_\_  
Walter McLendon, 2024 President / Date  
Pineywoods Beekeepers Association

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Questions? Call/text Rachel at 936-715-0362 or email [texasbeegirl@gmail.com](mailto:texasbeegirl@gmail.com)

Mail application postmarked by February 3 to:

Rachel Payne  
1102 CR 419  
Nacogdoches, TX 75961

(Alternately, you can email the application to [texasbeegirl@gmail.com](mailto:texasbeegirl@gmail.com))

PBA Meetings are held the second Thursday of each month (except June's Summer Picnic and December's Christmas Dinner, dates to be determined), 6:30 pm – 8:30 pm, at Angelina Co. Chamber of Commerce, 1615 South Chestnut, Lufkin, TX.

**Thank you for your interest in honey bees and beekeeping!**

**And for supporting the community education mission of Pineywoods Beekeepers Association.**



*~ Henry, a then-PBA member, holding his frame of East Texas honey ~*

[www.pineywoodsbeekeepers.org](http://www.pineywoodsbeekeepers.org)