



Door County Beekeepers Club

P.O. Box 56
Brussels, WI 54204
920-948-0090

www.doorcountybeekeepersclub.org
contact@doorcountybeekeepersclub.org

The Wayne Stenzel Memorial Scholarship

Objective: The purpose of this scholarship is to aid an individual with real interest in apiculture (beekeeping) and to support their involvement and education about apiculture by offering guidance, education, club membership, essential equipment, and honeybees.

The Award:

- A one-year membership in the Door County Beekeepers Club (DCBC)
- Registration for the DCBC Beginning Beekeepers Course
- Mentoring by a DCBC member for one year
- Woodenware for a standard Langstroth hive for one honeybee colony
- A 3 lb. package of honeybees
- Necessary beginner's equipment including a hive tool, hive feeder, smoker, a full bee suit or jacket and gloves
- Honeybee medicines and supplements for one year supplied by DCBC, and applied/administered by/with the mentor

Eligibility:

1. Applicant must be 14 years of age or older at the time of application and reside year-round in Door County.
2. Applicants under the age of 18 years must have permission and agreement from a parent or guardian.
3. Honeybees must be kept at a property within Door County, while abiding by any local regulations associated with the keeping of honeybees, and applicants under the age of 18 must have permission from the property owner of where the honeybees will be kept.
4. The completed application must be submitted during the application window.
5. DCBC Club Officers/Scholarship Committee members, direct descendants (son, daughter) of a DCBC Club Officers/Scholarship Committee member, and previous winners are not eligible.

How to Apply:

Send a completed Application and Waiver between August 1st and November 1st by postal mail to:

Mail: Door County Beekeepers Club
Attn: Scholarship Committee
P.O. Box 56
Brussels, WI 54204



Door County Beekeepers Club Wayne Stenzel Memorial Scholarship

Terms and Conditions

- I understand that the DCBC nor any of the club members are liable for any accidents or injuries that may occur while working with the honeybees and equipment.
- I understand that honeybees are unpredictable and there is risk of being stung by bees even though protective equipment is provided. Special risks, including death, from allergic reactions to honeybee venom, are inherent for (a) persons allergic to honeybee stings and (b) those who do not know whether they are allergic to honeybee stings. All medical treatment is the responsibility of the recipient or the recipient's parent/guardian.
- Equipment and honeybees remain the property of the DCBC until the completion of the scholarship program and cannot be sold, given away, transferred in any manner, or destroyed during the program without the written consent of the DCBC.
- Upon successful completion of the program the recipient will be awarded a Certificate of Completion at the November DCBC meeting and ownership of the hive, bees, and equipment will be transferred to the recipient. If the recipient no longer desires to keep bees, the DCBC will retain ownership of the hive, honeybees, and equipment.
- Parents/guardians of applicants under 18 years will be willing to travel and attend the DCBC meetings/outings throughout the year and will work with the DCBC mentor towards a successful experience and is welcome to supervise all interactions between the applicant and his/her mentor.
- Photos of the scholarship recipient may be taken and posted on the DCBC website or other public media for purposes of sharing club activities or advertising.

The recipient of the scholarship will be expected to:

- Attend and participate in the DCBC Beginning Beekeepers Course if not already previously completed.
- Attend at least 50% of the DCBC meetings and apiary outings/event for one year
- Share their first year's experiences with club members at the November holiday social. The club mentor will participate and assist with this presentation.

Waiver

I agree to the Terms and Conditions of the DCBC Wayne Stenzel Memorial Scholarship.

Applicant printed name: _____

Applicant signature: _____

Parent/Guardian printed name if applicable: _____

Parent/Guardian signature if applicable: _____

Date: _____



Door County Beekeepers Club Wayne Stenzel Memorial Scholarship

Application

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Check all applicable boxes:

Demographics:

- ☐ I am a full-time resident of Door County
- ☐ Age 14-17
- ☐ Adult 18+

Experience:

- ☐ I am currently an active beekeeper
- ☐ I have previous experience as a beekeeper
- ☐ I have assisted with beekeeping activities
- ☐ I have no prior beekeeping experience

Awareness:

- ☐ I have read (books, articles, etc.) about beekeeping
- ☐ I have watched documentaries about beekeeping
- ☐ I have observed a beekeeper tend a hive
- ☐ I have attended a presentation about beekeeping
- ☐ I have listened to a beekeeper speak about beekeeping
- ☐ I am not aware that I have of an allergy to honeybee stings
- ☐ I have an allergy to honeybee stings

Interest:

- ☐ I am interested in learning more about becoming a beekeeper
- ☐ I am willing and available to participate in the January Beginning Beekeepers Course offered by the DCBC
- ☐ I have already attended the January DCBC Beginning Beekeepers Course
- ☐ I am willing and available to participate in the monthly DCBC meetings which are typically held on the 3rd Tuesday of the month at Crossroads in Door County
- ☐ I am willing to be mentored by a DCBC member throughout my first year of beekeeping

Preparedness:

- ☐ I intend to abide by any and all local regulations associated with the keeping of honeybees
- ☐ I intend to keep honeybees on the property where I live
- ☐ I have obtained permission to keep honeybees on someone else's property. The property address is _____



Door County Beekeepers Club Wayne Stenzel Memorial Scholarship

Write a brief paragraph on why you are interested in keeping honeybees and what you hope to accomplish if you are chosen for this scholarship. Use and attach a separate page if desired or write in the area below.

Applicant printed name: _____

Applicant signature: _____

Parent/Guardian signature if applicable: _____

Parent/Guardian phone and email: _____

Date: _____