

MHBA YOUTH DEVELOPMENT PROGRAM APPLICATION

Applicant's Name

Date of Birth

Address

Phone

City

State

Zip

Email Address

Name of Parent or Guardian

If their address is different from the applicant's, please provide it here:

Address

Phone

City, State Zip

Email Address

Summary of your involvement in school, community, church and other youth or civic organizations

Write a brief paragraph on why you are interested in bees and beekeeping and what you hope to accomplish if you are chosen for this scholarship.

Parent or Guardian; Do you feel your child can benefit from this program?

Do you feel you can support and encourage your child in this effort?

Does anyone in your immediate family have bees?

Please attach to application a letter of reference from teacher, community leader, organization leader (4-H, FFA, Boy Scouts or Girl Scouts)

Send Completed Application, letter and signed terms and conditions of agreement to: Gary Reuter, % University of Minnesota, 1980 Folwell Ave. Room 219, St. Paul, MN 55108-6125 or email to: Reute001@umn.edu

