

Sponsoring Organization Application for the
Mahoning County Beekeeping Program

Application must be postmarked no later than: January 29th, 2010

Sponsor Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Neighborhood _____ Township _____
Contact Person for Organization _____
Daytime Phone _____ Other Phone _____
Email _____



Traditional beekeeping requires the ability to lift, along with adequate vision and mobility. Please consider the physical requirements necessary for being a successful beekeeper.

Will the beehives be located at your site? Yes No

If you rent, will your landlord sign a release for you to keep bees on the property? Yes No

Do you have a vegetable garden at your location? Yes No

Do you have fruit trees, berry crops, or flower gardens nearby? Yes No

Do you believe you have a suitable site for location of bee hives? Yes No

Will you commit to providing an adult to serve as principle beekeeper for the apiary and who will work with a youth age 14 – 18 as a youth development activity? Yes No

Will you take applications at your location and select a youth age 14 – 18 to participate in the program on your site? Yes No

Ensure that the adult will attend 12 hours of classroom training on beginning beekeeping? Yes No

Does the adult have the ability, with instructions, to assemble wooden beekeeping materials and train the youth on that aspect? Yes No

Are you willing to provide educational opportunities for local residents? Yes No
Describe how you can do this?

Do you currently sell merchandise at a farmers' market or provide free of charge to families in need? Yes No

Do you plan to sell honey when it is able to be harvested? Yes No

Why are you interested in this program? Please explain in 50 words or less:

Has this application been approved by your governing body? Yes No
(Please provide documentation of approval – minutes, resolution, etc)

How many participant pairs (1 adult & 1 youth) does your organization want to sponsor? _____

Do you want to be considered for a scholarship? Full Partial None

Explain your need for a scholarship: _____

Signature of Organization's Representative _____

Print Name of Representative _____ Date _____

Complete this application and mail* to:

**Mahoning County Beekeeping Program
Crossroads RC&D
277 Canal Avenue SE, Suite C
New Philadelphia, OH 44663**

Questions can be directed to: beverly.fisher@rcdnet.net or 330-339-9317

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