

Jump Starter Program

Rules

- The deadline for submitting an application is **January 15, 2023**.
- Eligible applicants are new beekeepers that are members of TBoI.
- The applications will come from the local club only.
- The local club can submit one application per year.
- Individuals are not allowed to submit an application.
- A mentor will be provided by the local club for the new beekeeper. The mentor must be a member of TBoI with at least 3 years experience.
- If the new beekeeper becomes disinterested, then the local club will be responsible for finding another new beekeeper to use the equipment.
- The local club will need to submit the name of the new beekeeper to the Jump Starter Committee.
- Regional Director will submit the reports to the board of directors before each board meeting.
- Jump Starter Committee will review applications and Chairman will notify local club on application approval.
- Jump Starter Committee will have final say on application approval.
- The board of directors is required to vote on the continuation and funding of this program at the third quarter board of directors meeting each year.
- **Mentor and new beekeeper will be required to provide a quarterly written report and pictures to their Regional Director. Failure to comply will forfeit 2024 eligibility.**

Provided by The Beekeepers of Indiana

Hive Bodies - unassembled
Frames and foundation (plastic or wax), unassembled
100 Support Pins with plastic foundation
1 Screen bottom board
1 Entrance reducer
1 Inner cover
1 Wood & Metal Telescoping Cover
1 Quad Top Feeder
1 Smoker
1 Bee Brush
1 J-hook hive tool

Provided by the Local Club

1 Package of Bees
1 Protective Clothing
Mentor

Jump Starter Program

Application

Beekeeper Information

Name _____

Street address _____

City _____ State ____ Zip code _____

E-mail _____

Phone number _____

Age _____ Local Club _____

Beekeeping experience _____

Equipment Type: Choose One of the Following

<p>Option A - Deep Wax</p> <p>2 Deep hive bodies</p> <p>20 Deep Wedge top/grooved bottom frames</p> <p>20 Deep foundation sheets</p> <p>100 Support Pins</p> <p>1 Screen bottom board</p> <p>1 Inner cover</p> <p>1 Wood & Metal Telescoping Cover</p> <p>1 Quad Top Feeder</p> <p>1 Smoker</p> <p>1 Bee Brush</p> <p>1 J-hook hive tool</p>	<p>Option B - Medium Wax</p> <p>3 Medium hive bodies</p> <p>30 Medium Wedge top/grooved bottom frames</p> <p>30 Medium foundation</p> <p>100 Support Pins</p> <p>1 Screen bottom board</p> <p>1 Inner cover</p> <p>1 Wood & Metal Telescoping Cover</p> <p>1 Quad Top Feeder</p> <p>1 Smoker</p> <p>1 Bee Brush</p> <p>1 J-hook hive tool</p>
<p>Option C – Deep Plastic</p> <p>2 Deep hive bodies</p> <p>20 Deep SGX frames</p> <p>20 Deep foundation</p> <p>1 Screen bottom board</p> <p>1 Inner cover</p> <p>1 Wood & Metal Telescoping Cover</p> <p>1 Quad Top Feeder</p> <p>1 Smoker</p> <p>1 Bee Brush</p> <p>1 J-hook hive tool</p>	<p>Option D – Medium Plastic</p> <p>3 Medium hive bodies</p> <p>30 Medium SGX frames</p> <p>30 Medium foundation</p> <p>1 Screen bottom board</p> <p>1 Inner cover</p> <p>1 Wood & Metal Telescoping Cover</p> <p>1 Quad Top Feeder</p> <p>1 Smoker</p> <p>1 Bee Brush</p> <p>1 J-hook hive tool</p>

Parent name (If under 18) _____
Street address _____
City _____ State ____ Zip code _____
E-mail _____
Phone number _____

Mentor Information

Years of Beekeeping experience _____
Name _____
Street address _____
City _____ State ____ Zip code _____
E-mail _____
Phone number _____

Comments:

Send to: Jump Starter Program
426 Seip Rd
Rockville, IN 47872
Attn: Lacy Stratis

For questions email Chairman – Lacy Stratis at buzzingaroundlife@yahoo.com