

# Jump Starter Program

## Rules

- The deadline for submitting an application is **January 15, 2020**.
- 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 2021 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><b>Option A - Deep Wax</b></p> <p>18A - 2 Deep hive bodies            9-N - 20 Deep N frames            120NHA - 20 Deep foundation            79 - 100 Support Pins            57A - 1 Screen bottom board            15A - 1 Inner cover            49-MA – 1 Wood &amp; Metal Telescoping Cover            172-4A - 1 Quad Top Feeder            146-W - 1 Smoker            322A - 1 Bee Brush            163 - 1 J-hook hive tool</p>	<p><b>Option B - Medium Wax</b></p> <p>38A – 3 Medium hive bodies            17-N - 30 Medium N frames            624-A - 30 Medium foundation            79 - 100 Support Pins            57A - 1 Screen bottom board            15A - 1 Inner cover            49-MA – 1 Wood &amp; Metal Telescoping Cover            172-4A - 1 Quad Top Feeder            146-W - 1 Smoker            322A - 1 Bee Brush            163 - 1 J-hook hive tool</p>
<p><b>Option C – Deep Plastic</b></p> <p>18A - 2 Deep hive bodies            9-SGX - 20 Deep SGX frames            122-PX - 20 Deep foundation            57A - 1 Screen bottom board            15A - 1 Inner cover            49-MA – 1 Wood &amp; Metal Telescoping Cover            172-4A - 1 Quad Top Feeder            146-W - 1 Smoker            322A - 1 Bee Brush            163 - 1 J-hook hive tool</p>	<p><b>Option D – Medium Plastic</b></p> <p>38A – 3 Medium hive bodies            17-SGX - 30 Medium SGX frames            134-PX - 30 Medium foundation            57A - 1 Screen bottom board            15A - 1 Inner cover            49-MA – 1 Wood &amp; Metal Telescoping Cover            172-4A - 1 Quad Top Feeder            146-W - 1 Smoker            322A - 1 Bee Brush            163 - 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**  
**7784 N. Sanctuary Lane**  
**Mooreville, IN 46158 – 6082**  
**Attn: Debbie Seib**

For questions email Chairman – Debbie Seib at [beekeepers.indiana@yahoo.com](mailto:beekeepers.indiana@yahoo.com)