



---

Connecting People,  
Pollinators and Places

## Bee City School and Campus Renewal Application Form

---

(Name of School/College/University/Educational Institution)

---

(Province/Territory)

We are grateful for your continued commitment to supporting pollinator health! Your efforts and dedication are having a positive impact in your school/campus and across Canada.

As part of the Bee City School and Campus renewal process, we ask that you share with us some information about your experiences with Bee City Canada.

Send your completed renewal application to [applications@beecitycanada.org](mailto:applications@beecitycanada.org).

If you have any questions, please contact Shelly Candel - [shelly@beecitycanada.org](mailto:shelly@beecitycanada.org) or 647-402-0133.

### A) School Information:

School/College/University/Educational Institution \_\_\_\_\_

Address \_\_\_\_\_

City/First Nation \_\_\_\_\_ Province/Territory \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

### B) Applicant Information:

Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### C) Bee City Working Group:

List the members of your Bee City Working Group, the team responsible for the Bee City program at your school/campus. We recommend a committee of at least two teachers/instructors and two students as well as parent(s) and caretaking/facilities staff, when possible. Please expand table to add more rows, as needed.

Name	Role	Email address

### D) Your Experiences and Plans (add or remove lines as needed).

1. Briefly summarize your Bee City experience. Include feedback received from your school/campus community and information about challenges you may have encountered.

---

---

---

---

---

---

If you have any questions, please contact Shelly Candel - [shelly@beecitycanada.org](mailto:shelly@beecitycanada.org) or 647-402-0133.

2. Please tell us about any school/campus initiatives focusing on creating new, improving or maintaining existing habitat for pollinators. This could include work on school/campus grounds and other areas. If possible, include a plant list.

---

---

---

---

---

---

---

3. Please tell us about any school/campus initiatives aimed at educating students, staff, volunteers, parents and/or the local community about pollinators.

---

---

---

---

---

---

---

4. Please tell us about your participation in International Pollinator Week celebrations and other pollinator-themed events. Include photos, web links, stories and any other media.

.

---

---

---

---

---

---

---

5. How did your school/campus promote being a Bee City School?

---

---

---

---

---

---

---

6. What are your plans for the coming year? Please attach any documents outlining plans for habitat restoration, new habitat creation, education initiatives and celebrations.

---

---

---

---

---

---

---

7. How can Bee City Canada help to facilitate your vision of a school community which supports pollinators?

---

---

---

---

---

---

---

7. We welcome your comments and suggestions to help us improve Bee City Canada, our web site, communications and other areas.

---

---

---

---

---

---

---

### **E) Signatures**

Signature of Principal/President/Official: \_\_\_\_\_

Please print Principal/President/Official's name: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Thank you!  
Please send your completed application to:  
[applications@beecitycanada.org](mailto:applications@beecitycanada.org).