



APPLICATION FORM

Please return completed application to: Attn: Youth Tour Program Firelands Electric Cooperative, Inc. P.O. Box 32 New London, Ohio 44851-0032 members@firelandsec.com

Sponsored by Firelands Electric Cooperative, Inc., and Ohio's Electric Cooperatives

APPLICATION FORM MUST BE TYPED

(Application and letter of recommendation must be completed and returned to Firelands Electric Co-op by mail or email. All application materials must be <u>received</u> by **4 p.m. on January 19, 2024**.)

Date:	_				
Name:		Phone:			
Date of birth:	Age:	Gender:	☐ Male	☐ Female	
Mailing Address:					
Student's email:*		Parents' email:			
Parents' Names:					
Service Location/Address wit	th Firelands Electric (if	different than above):	:		
Father's Occupation:		_ Mother's Occupation	າ:		
Parent(s) Phone:	Paren	t(s) Cell Phone:			
Name of School:			Gra	ide:	
School Address:					
What plans do you have for t					
What do you feel is the great	est benefit you could ç	gain from attending the	e Youth Tour?		

^{*}Please do not use a school email address. They often have filters that block communications from organizations outside of your school district.

leadership positions held or awards received. (Include high school activities only). **ORGANIZATION** NO. OF YEARS **OFFICES HELD SCHOOL-RELATED PERSONAL ACHIEVEMENT:** List the activities participated in during your high school attendance, such as: athletics, class officer, drama, music, etc. **ACTIVITY** NO. OF YEARS OFFICES HELD/COMMENTS STATEMENT OF APPLICANT AND PARENT/ GUARDIAN (These signatures are to be obtained prior to forwarding this application to high school officials.) We have examined this application and the records are true, complete, and accurate. If selected as a delegate to Youth Tour, we understand that the student will be required to follow any and all safety protocols put in place at the time of the trip, including, but not limited to, those implemented by Washington, D.C.; NRECA; and/or Ohio's Electric Cooperatives. Date:_____ Signed: (Applicant) Signed:____ Date:____ (Parent/Guardian) Be sure to attach: Brief Letter of Recommendation Recent photo of the applicant from a school counselor, principal, teacher, or community or organization advisor.

NON-SCHOOL PERSONAL ACHIEVEMENT: Non-school activities, including church, community, clubs, etc. that are not associated with your high school. Give years of membership and list any

HIGH SCHOOL SCHOLASTIC RECORD:

This section to be completed and signed by counselor or other school official.

List scholastic awards won: (local, o	county, district, state, and/or national)	
Brief evaluation of student: (leaders	ship, perseverance, prediction of future succe	ess, etc.)
Number of students in class:		
Cumulative Grade Point Average:_		Class Rank:
High School:		
School Address:		
Date:	School Official's Signature:	
	Position:	