

Rural Electric Cooperatives' Youth Tour to Washington D.C. Applicant Information

Please complete this form and return with your essay to your local cooperative.

SPONSORING COOPERATIVE _____

APPLICANT NAME _____

PARENT/GUARDIAN NAME _____

MAILING ADDRESS OF CO-OP MEMBER _____

TELEPHONE _____ E-MAIL ADDRESS _____

SCHOOL NAME _____ SOPH / JUNIOR (CIRCLE ONE)

SCHOOL MAILING ADDRESS _____

DESCRIBE IN A FEW SENTENCES WHY YOU SHOULD BE SELECTED AS THE COOPERATIVE'S YOUTH TOUR REPRESENTATIVE.

LIST YOUR PRIMARY SCHOOL, COMMUNITY, VOLUNTEER AND EMPLOYMENT ACTIVITIES IN WHICH YOU ARE CURRENTLY INVOLVED.

LIST MEMBERS OF YOUR FAMILY (PARENTS, GUARDIANS, SIBLINGS)

ADDITIONAL INFORMATION THAT YOU WOULD LIKE INCLUDED IN PRESS RELEASES:

I authorize _____ to use the above information along with photos of me for

(Name of Sponsoring Cooperative)

publicity purposes of the sponsoring cooperative and the Montana Electric Cooperatives' Association.

SIGNATURE OF APPLICANT

DATE