



APPLICATION FORM

Please return completed application to:
Attn: Youth Tour Program
Firelands Electric Cooperative, Inc.
103 Industrial Drive
New London, Ohio 44851-9112
members@firelandsec.com



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

APPLICATION FORM MUST BE TYPED

(Application and letter of recommendation may be completed and returned to Firelands Electric Co-op by mail, in person, or by email. All application materials must be received by **4 p.m. on January 17, 2025.**)

Date: _____

Name: _____ Nickname (if applicable): _____

Date of birth: _____ Age: _____ Student's Cell Phone: _____

Mailing Address: _____

City/State/Zip Code: _____ Student's email: * _____

Parents' Names: _____

Parent(s) Cell Phone(s): _____ Parent(s) email(s): _____

Service Location/Address with Firelands Electric (if different than above): _____

Father's Occupation: _____ Mother's Occupation: _____

Name of High School: _____ Grade: _____

School Address: _____

What plans do you have for the future? _____

What do you feel is the greatest benefit you could gain from attending the Youth Tour?

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

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 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)

Date: _____ Signed: _____
(Parent/Guardian)

Be sure to attach: Brief Letter of Recommendation from a school counselor, principal, teacher, or organization advisor. Recent photo of the applicant

HIGH SCHOOL SCHOLASTIC RECORD:

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

List scholastic awards won: (local, county, district, state, and/or national)

Brief evaluation of student: (leadership, perseverance, prediction of future success, etc.)

Number of students in class: _____

Cumulative Grade Point Average: _____

Class Rank: _____

High School: _____

School Address: _____

Date: _____

School Official's Signature: _____

Position: _____