

Rural Electric Cooperatives' Youth Tour to Washington, D.C.
Tour Dates: June 15-21, 2019

Please complete this form and return with your essay to your local cooperative no later than: **Friday, November 30, 2018**

Name: _____

Address: _____
Street City State Zip

Home Phone: () _____ **Cell Phone:** () _____

E-mail Address: _____

Social Security Number: _____ **Age:** _____

Date of Birth: _____ **Place of Birth:** _____

Name of Parent or Guardian: _____

Sponsoring Cooperative: _____

School Name: _____ **Grade** _____

T-Shirt Size S M L XL XXL

If selected, are you available to attend the Youth Tour from June 15-21, 2019?

YES NO

Please complete the following:

1. List your **school activities**. Include any elected positions, special honors, awards, and accomplishments from your high school career (class officer, plays, athletics, music, etc.).

2. List **extracurricular activities** and the years of participation, such as the 4- H, FFA, church, community and service clubs. Indicate honors, awards and accomplishments.

3. ATTACH A SIGNED LETTER OF RECOMMENDATION (to be completed by principal, guidance counselor, teacher or community leader) TO THIS APPLICATION.

I will be a high school junior or senior in the fall of 2019 and my parent(s) and my parent(s)/guardian(s) are receiving electrical service from _____ Cooperative. I understand that I am required to submit an essay on the topic: ***What would your day be like without electricity?***

I have read and understand that my application and essay are to be submitted to _____ Cooperative **no later than November 30, 2018** or I will not be considered for the Youth Tour program.

I understand that if I am selected to represent _____ Co-op and, for some unforeseen reason, I am not able to attend the 2019 Youth Tour, I must notify _____ Co-op immediately so that an alternate may make the trip to Washington D.C.

I authorize _____ Co-op to use the above information along with photos of me for publicity purposes of the sponsoring cooperative and Montana Electric Cooperatives' Association.

Applicant's signature _____ **Date** _____

Parent or Guardian's Signature _____ **Date** _____