



# APPLICATION FORM

Please return completed application and essay to:  
**Paulding Putnam Electric Cooperative, Inc.**  
**401 McDonald Pike**  
**Paulding, Ohio 45879**  
Attn: Youth Tour Program  
or **Email: Rboss@ppec.coop**

*In cooperation with Ohio's Electric Cooperatives, Indiana Electric Cooperatives and Paulding Putnam Electric Co-op*

## APPLICATION FORM MUST BE TYPED

*(Application and attached essay must be completed and mailed to your cooperative. Paulding Putnam Electric must receive all application materials by **February 17, 2017.**)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Student email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Service Location Address: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Are your parents members of Paulding Putnam Electric Cooperative  Yes  No

Name of 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL ACHIEVEMENT:** (Non-school activities, including church and community)

Give years of membership and outstanding activities in which you have participated as a leader.

ORGANIZATION	NO. OF YEARS	OFFICES HELD

**PERSONAL ACHIEVEMENT:** (School related activities)

List the activities participated in during your high school attendance, such as: athletics, class officer, drama, music, etc. Don't list them all; please list your most noteworthy activities.

ACTIVITY	NO. OF YEARS	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.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Applicant)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent/Guardian)

**HIGH SCHOOL SCHOLASTIC RECORD:**

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

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

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

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Number of students in Sophomore/Junior Class:    Boys \_\_\_\_\_                      Girls \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_                      Class Rank: \_\_\_\_\_

High School: \_\_\_\_\_

School Address: \_\_\_\_\_

Date: \_\_\_\_\_                      Signed: \_\_\_\_\_

Position: \_\_\_\_\_