YOUTH TO WASHINGTON

APPLICATION

PERSONAL INFORMATION

Last Name:	_ First N	Name:	MI:
Home Address:			
City:	_State:	Zip:	_
Home Phone:		Cell Phone:	
Email:		Can we text you?	Y N
Parent/Legal Guardian Name(s):			
Parent/Legal Guardian Address (if different))		
City:	_State: _	Zip:	
Parent/Legal Guardian Phone:		Can we text parents?	Y N
Email:			
School Name:			
Year in School:Junior Senior	r D	ate of Birth:	T-Shirt Size:
WORK EXPERIENCE			
List any job experience, paid or volunteer an	nd briefly	y describe your responsibilit	ties:

ORGANIZATIONS AND ACTIVITIES

Please list activities or organizations in which you currently or have participated in during the last three years. List any awards received, offices held, or special achievements or recognition received. You may include school, church, community or other activities.

Activity/Organization	No. of Years	Office(s) Held	Special Award, Honors
	+		
GENERAL INFORMA	TION		
Using a few phrases or ac	ljectives, please de	escribe yourself.	
What do you appreciate n	nost about living i	n southern Illinois?	

nat are your future goals? 150 words or less, describe the role and/or value of electric cooperatives in the community.	nat concerns you most about living in southern Illinois?	
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In 150 words or less, if you could improve anything in you improve it?	your community, what would it be and how would
PARTICIPATION	
If selected, the applicant must commit to attending the the Youth to Washington trip June 14-21, 2024.	e Illinois Rural Youth Day on March 20, 2024, and
To ensure you do not have unavoidable conflicts, pleas	se verify your schedule with the dates above.
I have read the participation requirement and undapplication. I have reviewed these dates and I have participating in Illinois Rural youth Day on March 20,	no activities scheduled that would prevent me from
Signature of Applicant	Date
PARENT/GUARDIAN CONSENT STATEMENT	
I/we give permission for	astern Illinois Electric Cooperative, Inc. and the o give permission for SouthEastern Illinois Electric o Washington program to take, publish and use
Signature of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date

Please submit application to: SouthEastern Illinois Electric Cooperative, Inc. Youth Tour Application P.O. Box 1001 Carrier Mills, IL 62917

Phone: 618-297-9710 Fax: 618-297-9727

Email: sundaywhitlock@seiec.com

APPLICATIONS MUST BE RECEIVED BY FEBRUARY 2, 2024

EDUCATIONAL REFERENCE FORM

(This section to be completed by the Applicant's Principal, Counselor or Teacher and returned separately from this application)

Please provide short comments regarding the student applicant.

	Excellent	Very Good	Average	Poor	Comments
Character					
Concern for others					
Responsibility					
Leadership					
Initiative					
Curiosity					
Working w/others					
Maturity					
Poise					
Oral Communication Skills					
Interest in Community					
Student			School		
Signature of Reference			Date		
Title					

Please return this form to:

SouthEastern Illinois Electric Cooperative, Inc. Youth Tour P.O. 1001 Carrier Mills, IL 62917