

Youth Tour Application

Due February 28, 2025

Last Name:		First Name:	
Address:		City:	
State/Zip:		Student's Phone Number:	
Date of Birth:		Student's Email:	
Parent(s)/Guardian(s):			
Parent(s)/Guardian(s) Phone Numbers:			&
Name of High School:		School Couns	elor's Name:
Year in School: (Circle Please be advised, student participate in a personal i	ts must be a sophomore, ja		ualify for this trip and are required to
How did you hear of the <i>Example: Facebook, New</i> .		, <i>Etc</i> .	
	Please attach additi	ional sheets, if necessary, for the	follow questions.
What High School extra	a-curricular activities ha	ve you participated in?	
ACTIVITY/Y	ZEARS	ACTIVITY/YEARS	ACTIVITY/YEARS
	r organizations are you		List groups and years.
If given the opportunity	r, what issues or topics v	would you discuss with your con	ngressional representatives?
What type of employme	ent (if any) have you ha	d up to this point, including sun	nmer jobs?
Is there any additional i	nformation you feel the	selection committee should know	ow when considering your application?
Mail applications to:	Chariton Valley Electr Attn: Youth Tour PO Box 486 Albia, IA 52531	ic Cooperative	Email applications to: asee@cvrec.com

Applicants will be judged according to academics, community involvement, activities, future ambitions, preparation for the interview, speaking ability, poise and general impression.