

PART I: GENERAL				
NAME:		HOME PHONE:		
ADDRESS:		CITY, STATE, ZIP:		
AGE: DATE OF BI	RTH: E-N	H: E-MAIL ADDRESS:		
PARENT/GUARDIAN I	NAME(S):			
PART II: SCHOOL RE	LATED			
NAME OF SCHOOL: _				
		SCHOOL SUBJECTS:		
List activities that you	ı have participated in	and any special honors you have received during your higusic, athletics, school organizations, etc.:	h	
<u>ACTIVITY</u>	YEARS	<u>REMARKS</u>		
	RRICULAR ACTIVITIES			
	activities and years of llubs, employment, et	involvement outside of school activities such as: 4-H, churc	:h,	
<u>ACTIVITY</u>	<u>YEARS</u>	<u>REMARKS</u>		

Please list any public speaking experience:				
Please list any writing experience such as school paper, yearbook, e	etc.:			
Why should we select you to attend the Washington, D.C. Youth To	ur?			
Additional information that may be of interest to those making the	selections:			
PART IV: PARENT OR GUARDIAN PERMISSION FORM To: Stearns Electric Association, Melrose, Minnesota				
I/We hereby give permission to submit his/h to the Washington, D.C. Youth Tour. If selected, I give him/her perm	er name as a candidate for selection nission to travel as required.			
SIGNATURE:	DATE:			
APPLICATION CHECKLIST:	DUE FEBRUARY 9, 2024 BY 4 P.M. MAIL, E-MAIL OR DROP OFF AT: Stearns Electric Association			
Applicant must currently be a junior or senior whose family is a member of the Cooperative.	Attn: Katie Anderson 29643 Frontage Road, PO Box 816 St. Joseph, MN 56374 320-433-4894 kanderson@stearnselectric.org			
Complete the Stearns Electric Youth Tour Application. Write and submit a 300-word essay on the benefits of the Cooperative business model.				
Submit a letter of recommendation from a teacher or advisor.	ASSOCIATION"			