

Your Touchstone Energy® Cooperative Youth to Washington

2024 Application

Please submit a completed application to <u>ONE</u> of the following methods below:

Mail/Drop-off to: Egyptian Electric Cooperative Association

Attn: Brooke Guthman 1732 Finney Road Murphysboro, IL 62966

Fax to: (888) 554-8181

Email to: bguthman@eeca.coop

Please complete each section. The application should be received by mail, drop-off, or fax to the address or number above, or emailed to bguthman@eeca.coop by the deadline. Completed applications are due **February 2, 2024**. Awards and communications will be first made by email.

STUDENT APPLICANT INFORMATION

First Name: MI: MI: Last N	Name:	
Home Address:		
City:	State:	Zip:
Applicant Phone:		
Applicant Email:		
Parent/Legal Guardian Name(s):		
Parent/Legal Guardian Address (if different)		
City:	State:	Zip:
Parent/Legal Guardian Email:		
Parent/Legal Guardian Phone:	_	For Internal Use Only
Parent/Legal Guardian Phone:	_	Application received:
School Name:		Via: Mail
Year in School: □Sophomore □Junior □Senior		Fax Email
T-shirt size:		Member

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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 Awards, Honors

ESSAY INFORMATION

Please provide typed answers in essay format to the following five (5) questions. Answers should be organized and drafted in essay form, typed and double-spaced. It should be at least one page double-sided or two pages, and at maximum two pages double-sided or four pages, using 1-inch margins and 12-point font.

- 1. Describe what a cooperative is, and further an electric cooperative.
- 2. Explain the benefits of being a consumer-member of an electric cooperative.
- 3. After your research, do you find the cooperative business model relevant today?
- 4. What is something you would like to see a cooperative do or create?
- 5. In your opinion, what can Egyptian Electric Cooperative do to better serve our consumermembers and the communities we serve?

PARTICIPATION

Printed name of Parent/Legal Guardian

I understand my ability to participate is essential for application. I have reviewed these dates and I have no activities scheduled that would prevent me from participating in Youth Day in Springfield on **March 20, 2024** and the Youth to Washington trip that will be held **June 14 - 21, 2024**.

I affirm I am either 1) a child/ward of a consumer-member of Egyptian Electric Cooperative, or

2) attend a public or private high school in Egyptian Electric Cooperative's service territory that include; Carbondale, Carterville, Chester, Coulterville, DuQuoin, Elverado, Marissa, Murphysboro, Pinckneyville, Red Bud, Sparta, Steeleville, and Trico school districts. Signature of Student Applicant Date PARENT/GUARDIAN CONSENT STATEMENT I/we give permission for _ , our daughter/son, if she/he is selected as a delegate for the Illinois Youth to Washington (Youth Tour) program, to join the allexpense paid trips to Springfield and Washington, D.C., and any other activities sponsored by Egyptian Electric Cooperative Association (EECA) and the Association of Illinois Electric Cooperatives (AIEC). Youth Tour is coordinated by the National Rural Electric Cooperative Association (NRECA), the AIEC, and local Illinois rural electric cooperatives. We also give permission for EECA, AIEC and the affiliates of the Youth Tour program to take, publish, and use photographs of my child/ward for publicity and historical purposes. In consideration for EECA's sponsorship, including the provision of insurance coverage, adult chaperones, and financial support of Youth Tour, the undersigned hereby release, remise and indemnify EECA. AIEC, and their employees, officers, directors and agents from any and all claims arising from our child's/ward's participation in this program and its activities. Signature of Parent/Legal Guardian Date Printed name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date