Egyptian Electric Cooperative Association

Your Touchstone Energy® Cooperative

Youth to Washington

2025 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 **<u>February 10, 2025</u>**. Awards and communications will first be made by email.

STUDENT APPLICANT INFORMATION

First Name: _____ MI: ___ Last 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: _____ _____

Parent/Legal Guardian Phone: _____ _____

School Name: _____

Year in School: ☐Sophomore ☐Junior ☐Senior

T-shirt size: _____

For Internal Use Only

Application received:_____

Via: ☐ Mail
☐ Fax
☐ Email
☐ Member

BRIEF BIOGRAPHICAL STATEMENT: Describe yourself, your educational goals/passions, and anything else you would like to share of importance. (Approximately 100 words)

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 Awards, Honors

ESSAY INFORMATION

Please provide typed answers in essay format to the following three (3) questions. Answers should be organized and drafted in essay form, typed, and double-spaced. It should be at least two (2) pages, and at maximum three (3) pages, using a guideline of 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. *In your opinion, what can Egyptian Electric Cooperative do to better serve our consumer-members and the communities we serve?*

PARTICIPATION

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 5, 2025*** *(tentative) & the Youth to Washington trip that will be held* ***June 16 - 23, 2025****.*

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 all-expense 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

_____

Printed name of Parent/Legal Guardian