



COOPERATIVE YOUTH DAY APPLICATION

Name: _____ Phone: _____

Date of birth: _____ Age: _____ Gender: Male Female

Mailing Address: _____

Student's email: _____ Parents' email: _____

Are you currently a sophomore or junior in high school? Yes No

Are your parents/guardian members of Lorain-Medina Rural Electric Cooperative? Yes No

Parents' Names: _____

Parent(s) Phone: _____ Parent(s) Cell Phone: _____

Name of School: _____

School Address: _____

Please complete by September 20, 2024
Submit completed forms to:
Lorain-Medina Rural Electric Cooperative
c/o Co-op Youth Programs
22898 West Road
P.O. Box 158
Wellington, Ohio 44090



Contact the communications department
with any questions regarding youth programs.

440-647-2133
lmre@fesco-oh.org

SHORT ANSWER QUESTIONS:

If you could ask one question to a state representative, what would it be and why?

What is the difference between an electric cooperative and other utility providers?

How did you find out about Cooperative Youth Day?

_____ I have included one letter of personal reference from a teacher
or member of the community.
_____ Unisex T-shirt Size

I consent and agree that Lorain-Medina Rural Electric Cooperative (LMRE), its employees, and agents have the right to take photographs, videotape, or digital recordings of me to use in any media. I agree that LMRE may use such photos and media of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content and the *Ohio Cooperative Living* magazine.

STATEMENT OF APPLICANT AND PARENT/ GUARDIAN

(These signatures are to be obtained before forwarding this application to high school officials.)

We have examined this application, and the records are correct, complete, and accurate.

Date: _____

Signed: _____

(Applicant)

Date: _____

Signed: _____

(Parent/Guardian)