

## **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-N	Medina Rural Electric Cooperative?
Parents' Names:	
Parent(s) Phone:	_Parent(s) Cell Phone:
Name of School:	
School Address:	
Please complete by September 19, 2025	
Submit completed forms to:  Mail to:  Lorain-Medina Rural Electric Cooperative	Contact the communications department with any questions regarding youth programs.

P.O. Box 158 Wellington, Ohio 44090

c/o Co-op Youth Programs

Submit in person to:

1 Cooperative Way Spencer, OH 44275

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



If you could ask one question to a state representative, what would it be and why?	
What is the difference between	en an electric cooperative and other utility providers?
How did you find out about Co	poperative Youth Day?
Unis	sex T-shirt Size
to take photographs, videotap photos and media of me with	n-Medina Rural Electric Cooperative (LMRE), its employees, and agents have the righce, or digital recordings of me to use in any media. I agree that LMRE may use such or without my name and for any lawful purpose, including for example such purpose tising, web content and the <i>Ohio Cooperative Living</i> magazine.
STATEMENT OF APPLICANT A (These signatures are to be ob	ND PARENT/ GUARDIAN tained before forwarding this application to high school officials.)
We have examined this applic	ation, and the records are correct, complete, and accurate.
Date:	Signed:
	(Applicant)
Date:	Signed: (Parent/Guardian)
	( at city dual duti)