

**APPLICATION FOR 2024 YOUTH TOUR**

IMPORTANT: Read instructions carefully. Print or type answers to every question. All information on this application will be treated confidentially. Personal Data and Eligibility Requirements must be filled out by applicant only.

**APPLICANT DATA** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Present Address (Street and Number) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(City, State, and Zip Code) \_\_\_\_\_ For How Long? \_\_\_\_\_

**VALLEY TELEPHONE COOPERATIVE MEMBER PARENT OR GUARDIAN INFORMATION (REQUIRED)** Parent or Guardian's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Present Address (Street and Number) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(City, State, and Zip Code) \_\_\_\_\_ For How Long? \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS:**

High School Presently Attending \_\_\_\_\_  
Address of High School \_\_\_\_\_  
\_\_\_\_\_

High School Grade Level \_\_\_\_\_ High School Grade Average \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_

I give my permission for \_\_\_\_\_ to attend the Youth Tour in Washington, D.C. on June 3 - 7. Since I will not be in attendance during the trip to exercise parental guidance and control, I desire to delegate this authority, and to indemnify and save harmless Valley Telephone Cooperative from any damage, loss or claims.

\_\_\_\_\_  
Parent or Legal Guardian

IMPORTANT: Read Instructions carefully. Print or type answers to every question. All information on this application will be treated confidentially. Academic Related Activities & Statement of Education and Career goals must be filled out by Applicant only.

Academic Related Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Education and Career Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Read Instructions carefully. Print or type answers to every question. All information on this application will be treated confidentially. Grade Average and Rank in Class must be filled out by School Official only.

Grade Average: \_\_\_\_\_ Rank in Class \_\_\_\_\_

**RECOMMENDATION BY SCHOOL OFFICIAL:**

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Signature of School Official

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Title of School Official

