2015 Ohio Newspaper Association

Carrier of the Year Application

Nominate your outstanding carrier(s) NOW for a chance to be awarded the prestigious honor of ***Carrier of the Year*** AND be awarded a $1000 cash prize. Awards will be presented in 3 age groups: Youth (up to age 18), Adult (19-54), and Senior (55 and over).

The Carrier of the Year, in each category, will be the guest of ONA at the annual Ohio Newspaper Association Circulation Conference on Sept. 27, 2015 at the Double Tree Hotel in Columbus, Ohio . This includes dinner at the awards banquet and overnight accommodations. At the awards banquet, winners will be presented with their award, including a $1,000 cash prize and a plaque recognizing their accomplishment. Runners-up will not attend the banquet; however, will receive a plaque and $500 cash.

Nominees will be judged based on the following criteria: Customer Service Essay Questions, Personal and Community Service Activity, and References. Nomination forms must be completed in full by you and the carrier and submitted along with any supporting material and a recent photo of the carrier via email or regular mail to:

Joe Bialorucki, Carrier of the Year Chairperson

The Blade

541 N. Superior

Toledo, Oh 43660

or

jbialorucki@toledoblade.com

Applications MUST be postmarked by August 15, 2015 to be considered. If you have any questions, feel free to contact me. I look forward to hearing from you!

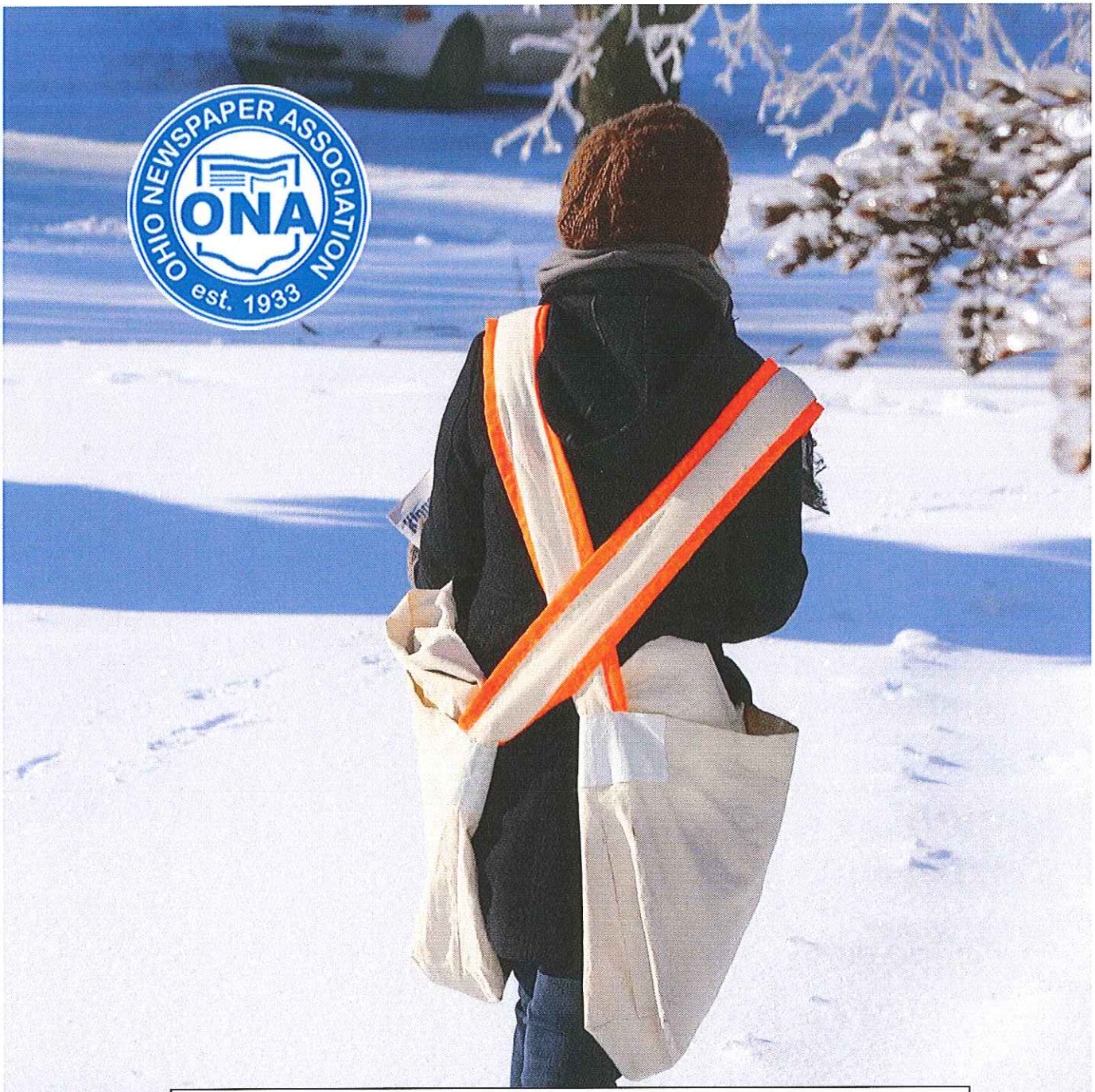
Sincerely,

Joseph D. Bialorucki

Joe Bialorucki, Circulations Manager, Operations

The Blade

(419)724-6483



2015 OHIO NEWSPAPER ASSOCIATION CARRIER OF THE YEAR ENTRY FORM

Name:_____

Newspaper:_____

Division (circle one): Youth ☐ Adult ☐ Senior ☐

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☐ Youth (up to age 18) ☐ Adult (age 19-54) ☐ Senior (age 55 and older)

Newspaper: _____

City/ State/ Zip: _____

Applicant Name: _____ Age: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ Email: _____

Names of three customers on your route who may be contacted. ***Enclose letters of recommendation from your customers, if available.***

1.Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

2.Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

3.Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

CUSTOMER SERVICE INFORMATION

Why did you become a carrier? Why do you like being a carrier?

_____

_____

_____

Name one benefit of being an independent carrier:

_____

_____

_____

Explain any increase or decrease in circulation figures on your route(s)

_____

_____

_____

What have you done to maintain or increase your number of customers?

_____

_____

_____

What do you do to provide good delivery service to your customers?

_____

_____

_____

In addition to delivering newspapers to your customers, describe other ways you may have helped customer(s):

_____

_____

_____

PERSONAL AND COMMUNITY SERVICE INFORMATION

Personal activities and hobbies:

_____

_____

_____

Participation in scholastic/ civic groups:

_____

_____

_____

Awards/ Recognition:

_____

_____

_____

Community/ Volunteer activities:

_____

_____

_____

Please feel free to attach additional pages if space provided is not sufficient to answer questions completely.

Applications will be evaluated based on the following criteria:

Customer Service Essay Questions
Personal and Community Service Activity
References

All information submitted must be true and complete to the best of your knowledge. By submitting an application, you agree to allow your name, likeness, and any information submitted to be used in any marketing and promotional materials in any matter deemed appropriate by the Ohio Newspaper Association.

Carrier Signature:_____

Parent/ Guardian Signature for youth carriers:_____

THIS SECTION MUST BE COMPLETED BY NEWSPAPER REPRESENTATIVE

Route number(s): _____

Start Date: _____ Length of Service: _____

Number of current customers: Daily_____ Sunday_____

Average number of complaints per 1,000 _____

In your own words, briefly describe why you chose to nominate this carrier:

_____

_____

_____

_____

_____

_____

_____

Newspaper Representative name _____

Newspaper Representative signature _____

Date_____