



**2016 OHIO NEWSPAPAR ASSOCIATION  
CARRIER OF THE YEAR ENTRY FORM**

Name: \_\_\_\_\_

Newspaper: \_\_\_\_\_

Division (check one):    Youth            Adult            Senior

# 2016 Ohio Newspaper Association Carrier of the Year Application

☐ 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?

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Name one benefit of being an independent carrier:

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

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

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

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

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# PERSONAL AND COMMUNITY SERVICE INFORMATION

Personal activities and hobbies:

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Participation in scholastic/ civic groups:

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Awards/ Recognition:

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Community/ Volunteer activities:

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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:

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Newspaper Representative name \_\_\_\_\_

Newspaper Representative signature \_\_\_\_\_

Date \_\_\_\_\_