



2020 Ohio News Media Association Carrier of the Year Application

Circulation under 10K

Circulation 10-25K

Circulation over 25K

Newspaper: _____

Address: _____

City/State/Zip: _____ Email: _____

Applicant Name: _____

Applicant Address: _____

City/State/Zip: _____

Applicant Phone: _____ Applicant Email: _____

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

1. Name: _____ Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

2. Name: _____ Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

3. Name: _____ Phone: _____ Email: _____

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 customers.



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 on the following criteria: Customer service essay questions, personal and community service activities, and references.

All information submitted must be true and complete to the best of your knowledge. By submitting this applications, you agree to allow your name, likeness, and any information submitted to be used in any marketing and promotional materials in any manner deemed appropriate by the Ohio News Media 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 Email: _____

Newspaper Representative Signature: _____

Date: _____

DEADLINE TO SUBMIT IS DECEMBER 11, 2020

Applications must be submitted to
Carrier of the Year Awards
c/o Ohio News Media Association
1335 Dublin Rd., Suite 216-B Columbus, OH 43215
P: (614) 486-6677
F: (614) 486-6373