



## 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 31, 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