

# Central Florida Electric Cooperative, Inc.

## ~ Your Power Partner ~

### Washington Youth Tour

Date: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Full address: \_\_\_\_\_

Name of High School: \_\_\_\_\_ County: \_\_\_\_\_

Name or Account number on the Electric bill at your residence: \_\_\_\_\_

Phone numbers where you can be reached. Home:(\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

List below the names of two persons not related to you, whom you have known for at least one year.

#### PERSONAL REFERENCES

NAME	ADDRESS	PHONE

Why would this political adventure be of interest to you and what might best qualify you to be chosen for the Washington Youth Tour?

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**Please resubmit application to any CFEC Office by the deadline of March 6th, or have**

**Your Guidance Office forward it to us.**

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