



PA NEWSMEDIA ASSOCIATION FOUNDATION 2024 NEWSPAPER CARRIER OF THE YEAR APPLICATION

Newspaper: _____

City/State/Zip: _____

Carrier Name: _____ Age: _____

Carrier Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Route(s): _____

Date started on route (month and year): _____ Length of service: _____

Carrier Signature: _____

Parent/Guardian Signature (*for youth carrier under age 18 only*): _____

CUSTOMER REFERENCES:

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

1. Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

2. Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

TELL US ABOUT YOURSELF:

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

Name one benefit of being an independent carrier: _____

Please turn page to continue the application.



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Continued from previous page

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

Community, school and/or personal activities: _____

Please attach any supporting material for the above information.

THIS SECTION MUST BE COMPLETED BY NEWSPAPER REPRESENTATIVE:

Number of current customers: Daily _____ Sunday _____

In your own words, briefly describe the capabilities your carrier demonstrates in leadership, initiative and/or responsibility:

Leadership: _____

Initiative: _____

Responsibility: _____

Newspaper Representative Signature: _____ Date: _____

Newspaper Representative Name (printed): _____

Phone: _____ Email: _____

Please attach any supporting material for the above information.