



PERSONAL AND COMMUNITY SERVICE INFORMATION

(continued)

Participation in scholastic/civic groups:

Awards and recognition received:

Community activities:

This section must be completed by Newspaper Representative:

Number of customers started with: Daily _____ Sunday _____

Number of current customers: Daily _____ Sunday _____

Percentage of complaints per 1,000: 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: _____

Please attach any supporting material for the above information.



2014 APPLICATION ENTRY FORM

Name _____

Newspaper _____

Division (circle one): Youth Adult Senior

The Betty J. Way 2014 Carrier of the Year Contest

sponsored by:



Mail this completed form by September 5, 2014 to:

I-SCMA Newspaper Carrier of the Year

c/o Chris Miller, ACSPA

1900 Patriot Dr.

Mechanicburg, PA 17050

Questions? Contact Chris Miller at (717) 255-4228 or cmiller@acspa.com.



2014 BETTY J. WAY CARRIER OF THE YEAR ENTRY FORM

Youth (up to age 18) Adult (age 19-54) Senior (age 55 and older)

Newspaper: _____

City/State/Zip: _____

Circulation Size: _____

Name: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Route(s): _____

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

Carrier signature: _____

Parent/Guardian signature (youth carrier entries only): _____

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? _____

Please attach any supporting material for the above information.



CUSTOMER SERVICE INFORMATION *(continued)*

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? _____

Percentage of customers that pay the office directly _____ Percentage of customers that pay you directly _____

If customers pay you directly, what are your collection methods? _____

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

What other information or substantiating evidence attests to your route management abilities? _____

PERSONAL AND COMMUNITY SERVICE INFORMATION

Personal activities and hobbies:

Please attach any supporting material for the above information.