

Recognize your best carriers!

The Betty J. Way  
2024  
Carrier  
of the Year

ENTRY FORM

**BETTY J. WAY**  
CARRIER OF THE YEAR AWARD



Sponsored by:



**Newspaper Carrier of the Year Award Prizes  
for ALL categories:**

First prize - \$250 cash, plaque and award certificate  
Second prize - award certificate only

**ATTENTION CIRCULATION REPRESENTATIVES!**

Mail or email this completed form by **July 31, 2024**

I-SCMA - Newspaper Carrier of the Year

Attn: John Mandish

1301 K Street, N.W.

Washington, DC 20071

Questions? Contact John Mandish at 202-334-7199 or [john.mandish@washpost.com](mailto:john.mandish@washpost.com)



# THE BETTY J. WAY CARRIER OF THE YEAR CONTEST 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? \_\_\_\_\_

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Name one benefit of being an independent carrier: \_\_\_\_\_

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*Please turn page to continue the application.*



# THE BETTY J. WAY CARRIER OF THE YEAR CONTEST APPLICATION (CONTINUED)

*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): \_\_\_\_\_

Newspaper Representative Email: \_\_\_\_\_

Newspaper Representative Phone Number: \_\_\_\_\_

*Please attach any supporting material for the above information.*