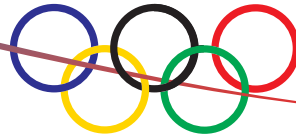


GLENN L. COX 2010 CARRIER ACHIEVEMENT AWARD PROGRAM



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

(Fill out all information as requested, completely and legibly.)

NEWSPAPER INFORMATION

Name of Newspaper: _____

Newspaper Address: _____

City/State/Zip Code: _____

Circulation – Daily: _____ Circulation – Sunday: _____

CARRIER INFORMATION

Carrier's Name: _____ Age: _____

Carrier's Mailing Address: _____

City/State/Zip Code: _____

Phone Number: _____ Email: _____

Route Number: _____ Social Security Number: _____

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

Hobbies: _____

Other community activities: _____

Applicant Signature: _____ Date: _____

District Manager Signature: _____ Date: _____

REFERENCES

Names of three customers on your route we may contact. You must enclose letters of recommendation from each of these individuals.

1. Name: _____ Phone: _____

Address: _____

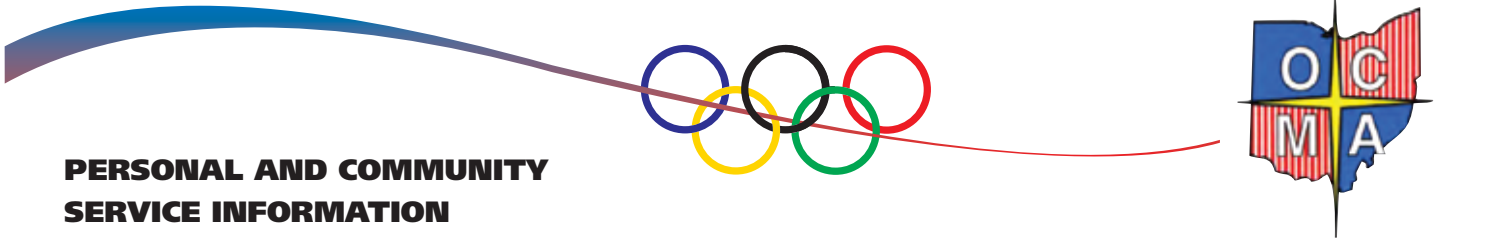
2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

GLENN L. COX 2010 CARRIER ACHIEVEMENT AWARD PROGRAM



PERSONAL AND COMMUNITY SERVICE INFORMATION

Personal activities and hobbies: _____

Participation in scholastic/civic groups within the last two years: _____

Awards and recognition received within the past two years: _____

In your own words, briefly describe the capabilities you demonstrate that qualify you for the OCMA 2010 Carrier of the Year Award.

Leadership: _____

Initiative: _____

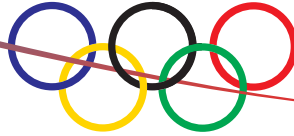
Responsibility: _____

Signature of carrier: _____ Date: _____

Please attach any supporting material for the above information.

GLENN L. COX 2010 CARRIER ACHIEVEMENT AWARD PROGRAM

ROUTE MANAGEMENT INFORMATION



NUMBERS MUST BE FILLED IN COMPLETELY!

Number of customers route started with: _____ Daily: _____ Sunday: _____

Number of current customers: _____ Daily: _____ Sunday: _____

Percentage of complaints per thousand: _____ Daily: _____ Sunday: _____

Explain any increases or decreases in these figures: _____

Why did you become a carrier? _____

Name one benefit of being an independent carrier: _____

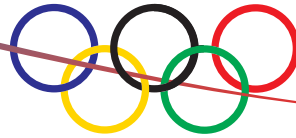
What have you done to maintain or increase your number of customers? _____

What are your collection methods? _____

Give some examples of things you do to provide good delivery service to your customers: _____

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

GLENN L. COX 2010 CARRIER ACHIEVEMENT AWARD PROGRAM



ENTRIES WILL BE EVALUATED WITH THE FOLLOWING CRITERIA:

- Route Management
- Personal, Scholastic/Community Service
- Letters of Recommendation
- Discretionary

NOTE TO APPLICANT

Please provide the following three items to your newspaper (Attention: OCMA Carrier of the Year Program) with your application by July 6, 2010:

- Letters of recommendation from the three customers listed on your application
- Recent photograph of yourself, if possible
- Letter of recommendation from your district manager

Three finalists (one carrier from each age category) will be chosen from each newspaper.

Newspapers should forward their selections to Jeff Cole at the address below **by July 6, 2010**.

Each sectional will select a finalist in each category and submit their winners to the NAA panel for final judging by November 30, 2010.