

CLUB Z! ANNUAL ACHIEVEMENT AWARD

Teachers, please fill out the 2nd page and give this page to your student to fill out and return to the guidance counselor by Friday, November 13th, 2009.

Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____

School: _____

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Teachers, please fill out this form and return to the guidance counselor by Friday, November 13th, 2009.

Student's Name: _____	Grade Level: _____		
School Student Attends: _____			
Address of School: _____			
Street	City	State	Zip
Instructor's Name: _____			

Please answer the following questions with respect to this student and submit completed application to the guidance office **no later than 2 pm on Friday, November 13th, 2009.**

How has this student shown leadership in the classroom? _____

What obstacles have this student overcome this year (i.e. Learning Disabilities, financial difficulties, family difficulties, etc.)? _____

How has this student shown behavior or academic improvement in this classroom since the beginning of the year? _____

How has this student shown strong character in the classroom? _____

Attach additional sheets if necessary.

