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, April 14th 2017.

Iname:			
Age:	Grade:		
Address:			
City:	State/Province:	Zip/Postal Code:	
Email Address:			
Home Phone:			
School:			

Area Director

In-Home Tutoring Services

Applications may be downloaded from www.clubzaward.com.

CLUB Z! ANNUAL ACHIEVEMENT AWARD

Teachers, please fill out this form and return to the guidance counselor by Friday, April 14th 2017.

Student's Name:	Grade Level:				
School Student Atter	nds:				
Address of School: _					
	Street	City	State/Province	Zip/Postal Code	
Instructor's Name: _					
Phone Number:		Email			
Please answer the follo applic			pect to this student ar ice <u>Friday, April 14th 2</u>	≜	
How has this student shown	-				
What obstacles has this stud	lent overcome t	his year?			
How has this student shown the year?	ı behavior or ac	ademic impro		n since the beginning of	
How has this student shown	strong charact	er in the class	room?		
Attach additional sheets if necessary. Applications may be downloaded from v	www.clubzaward.com.		Annual Achievement Award	Home Tutoring Service	

By checking this box , you hereby consent to and authorize the use and reproduction, in print or electronic format, by Club Z! In-Home Tutoring Services, your name, the student nominee's name and grade level, your school name, and any photographs collected through the Annual Achievement Award submission process. We appreciate the opportunity to honor your students' accomplishments!