

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 20th 2018.

Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email Address: _____

Home Phone: _____

School: _____

Area Director

CLUB Z! ANNUAL ACHIEVEMENT AWARD

Teachers, please fill out this form and return to the guidance counselor by Friday, April 20th 2018.

Student's Name: _____	Grade Level: _____		
School Student Attends: _____			
Address of School: _____			
Street	City	State/Province	Zip/Postal Code
Instructor's Name: _____			
Phone Number: _____	Email _____		

Please answer the following questions with respect to this student and submit completed application to the guidance office Friday, April 20th 2018.

How has this student shown leadership in the classroom? _____

What obstacles has this student overcome this year? _____

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.
Applications may be downloaded from www.clubzaward.com.



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!