

# 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 17<sup>th</sup> 2017.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School: \_\_\_\_\_

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Area Director

# CLUB Z! ANNUAL ACHIEVEMENT AWARD

Teachers, please fill out this form and return to the guidance counselor by Friday, November 17<sup>th</sup> 2017.

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, November 17<sup>th</sup> 2017.

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](http://www.clubzaward.com).



Club Z!  
In-Home Tutoring Services

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!