

CLUB Z! ANNUAL ACHIEVEMENT AWARD

Students, please fill out and give the 2nd page to your teacher to fill out and return to the guidance counselor by Friday, April 16th, 2010.

Name: _____

Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____

School: _____



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Students, please give this form to your teacher to fill out and return to the guidance counselor by Friday, April 16th, 2010.

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, April 16th, 2010.**

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.

Applications may be downloaded from www.clubztutoring.com.

