

**COUNTY ACADEMIC RECOGNITION AWARDS
ADMINISTRATOR/TEACHER FORM**

SCHOOL _____ DEPARTMENT _____

THIS FORM COMPLETED BY _____

Name of Competition _____

Name of Award _____

Recognition Level: (Circle) Regional State National

Is this a first place award: (Circle) Yes No

Name of Recipient _____

Mailing Address: _____

Phone Number: _____

Special Comments: _____
