

M E M O R A N D U M
CERTIFICATE & AWARDS CEREMONY

TO: INSTRUCTIONAL STAFF
FROM: GUIDANCE OFFICE
SUBJECT: INDIVIDUAL SHOP AWARDS
DATE: MARCH, 2006

Please submit the following information to the *Guidance Office* by April 7, 2006.

COURSE: _____

NAME OF AWARD: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DESCRIPTION OF AWARD *(Must be completed):*

SAVINGS BOND \$ _____ (Amount)

TOOL _____

PLAQUE _____

TROPHY _____

OTHER _____

PRESENTED BY: _____

RECIPIENT: _____

HOME SCHOOL: _____ SESSION: _____ AM _____ PM _____ FULL TIME

SOCIAL SECURITY NO.: _____

Scholarships will be awarded regardless of applicant's race, color, creed, religion, sex, sexual orientation, ancestry, national origin, handicap or disability.