

APPLICATION FOR 12+YEARS CONSECUTIVE SUPERIORS CERTIFICATE # JR 3-16

Date _____ State _____

Name of Student _____ Age _____

Teacher Information :

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ E-mail _____

Complete the point history information in chronological order. Begin with the most recent year in the appropriate row for number of Superiors earned.

EVENT		YEAR	CLASS	RATING
	15			
	14			
	13			
	12			
	11			
	10			
	9			
	8			
	7			
	6			
	5			
	4			
	3			
	2			
	1			

Signature of the Area Chairman _____

This form should be completed immediately after Festival and submitted to the state chairman.

Signature of the State Chairman _____

This point history should be verified and the form forwarded immediately to the national chairman.

After final verification, the consecutive superior certificate will be sent directly to the teacher by the national Festival chairman. The teacher may make a special presentation of this certificate.