



ELBERT CHARTRAND FRIENDSHIP CENTRE

STUDENT ACHIEVEMENT

AWARD APPLICATION

Student Name: _____

Parents /Guardians Name: _____

School Attended: _____

Grade: _____ Teacher: _____

Phone #: _____ Email Address: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Documentation provided:

- Academic Achievement
- Perfect Attendance
- Excellent Attendance

Office use only:

Average grade: _____

Date App. Received: _____