



OUTSTANDING JUNIOR HIGH YOUTH AWARD APPLICATION

Name of Applicant: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Age: _____ Gender: Female Male Home Telephone: (____) _____

Name of Parent or Guardian : _____

Address: _____

TO BE COMPLETED BY TEACHER*

I do hereby certify that, _____, a student at _____ did write his/her essay under the required supervision. _____ is currently passing all subjects and is eligible to be entered into competition for the Epsilon Sigma Alpha International Outstanding Junior High Youth Award.

Signed: _____ Date: _____

THE SECTION BELOW IS TO BE COMPLETED BY THE INDIVIDUAL AND/OR ESA CHAPTER SPONSORING THEIR APPLICATION*

I/We do hereby submit the name of _____ as our entry in competition for the Epsilon Sigma Alpha International Outstanding Junior High Youth Award.

Individual Name or ESA Chapter Name & Number: _____

Signed: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: _____ (Day) _____ (Evening)

Deadline: March 1

**May be completed and signed by State President or State Youth Award(s) Chair if nominee is state entry.*