

The Dr. Lawrence Lemak Award

APPLICATION FORM (Must be submitted by **May 1**)

School name: _____
School Address: _____
City: _____ Zip: _____
Class: _____ District: _____
School phone: _____ Fax: _____
Principal: _____ Cell: _____
Principal email: _____
Superintendent: _____ Cell: _____
Superintendent email: _____

PLEASE SUBMIT A LETTER DESCRIBING YOUR SCHOOL'S PARTICULAR NEEDS (SUMMARIZE BELOW)

