



## **Academic Excellence Award**

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School Name \_\_\_\_\_  
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Email Address \_\_\_\_\_  
School Address \_\_\_\_\_  
\_\_\_\_\_

Recipient Name \_\_\_\_\_

*(as it should appear on the certificate)*

Award Date \_\_\_\_\_

Institution Type *(check one)*    Four-year                       Two-year

**Send Application to:**  
Don Cook  
GSCPA  
3353 Peachtree Road NE, Suite 400  
Atlanta, GA 30326  
404-504-2935 \* Fax 404-237-1291  
**Applications due by:**  
***May 1, 2009***