

LTCSW Convention Event **WRITTEN WORD**
AWARD CERTIFICATION FORM

Participant: _____

LTCSW ID#: _____

Congregation: _____

Grade: _____

(To be completed by the church coordinator: see event rules for award requirements)

This participant qualifies for: ☐ GOLD | ☐ SILVER | ☐ BRONZE

I certify that I have met the criteria for receiving

☐ **GOLD** ☐ **SILVER** ☐ **BRONZE**

for meeting the requirements for this award.

Participant Signature: _____

Date: _____

Adult Certifier Signature: _____

Date: _____