

**MEMORIZATION AFFIDAVIT
GOLDEN APPLE AWARD
(Book of Proverbs)**

School _____

School Address _____

Customer Number _____

Contact Number _____

CHAPTERS	DATE QUOTED	STAFF SIGNATURE	CHAPTERS	DATE QUOTED	STAFF SIGNATURE
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

According to Student Guidelines, _____ has
Student's Name

successfully quoted from memory the required Scripture for this event during the school year of _____.

School Administrator's Signature

Supervisor's Signature

*This form requires the signatures of the Learning Center Supervisor **and** the School Administrator.*

** This may be photocopied.*