

Scripture Memorization Program – Certification Form

Must be received by **July 10, 2015**. If needed, place additional names on another sheet.
Please type or print (all caps) list in **alphabetical order (last name, first name)**.

Church Name and City: _____

I certify that these students have completed the **2014-15 Scripture Memorization Program**.

(signature)

(title)

(date)

(email address for receipt)

