## Sons of the American Revolution Dr. Tom & Betty Lawrence American History Teacher Award

## **Application Form**

I am applying for the Ame school level: (Only one leve	•	er Award for the following	
Middle School			
High School			
Professional Information			
How many years have yo	u taught American h	nistory?	
How many more years do			
Please list any higher edudegree granted, and degr	•	ined (include institutions, year	
Do you have any special	certifications?		
Current Teaching Assig	nment		
Present School Position:		Grade Level(s) Taught:	
School Mailing Address:			
City:	State:	ZIP Code:	

School District:

## **Application Endorsement**

## Release & Discharge of Responsibility Form

l <u>,                                    </u>	have been nominate merican History Teacher <i>I</i>	ed by the SAR for the Dr. Tom & Award.	
Should I be selected as the winner, I hereby release and discharge the National Society of the Sons of the American Revolution, its trustees, officers, other officials and selection committee members from any and all whatsoever and howsoever arising, liability, damage, injury, and/or responsibility by reason of my participation in the program.			
The consideration for the "Release & Discharge of Liability" is said Society providing the opportunity to compete for an award.			
I agree to provide my Social Security Number upon request.			
I agree to physical	ly sign this document.		
I agree to allow the SAR to publicize my name as a winner including news releases and on the SAR website. I also agree to allow the SAR to put my name, application essay, and the essay or video submitted after completion of the seminar on the SAR website.			
•	_	ability" will cover and include is above stated for all aspects of	
Signature of Apr	dicant.	Data	
Signature of Applicant:		Date:	
SAR Member Sp SAR National Number:	DOLISOL.	Date:	
	<u></u>		
SAR Member Telephone Number:	SAR Member Email Address:		