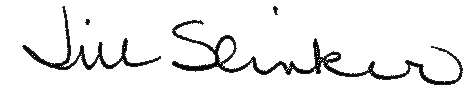




Principal

Coach

Coach



Director of Student Programs

**Type Student’s Name Here**

This is to Certify That

2024 Indiana Academic Spell Bowl

Has Earned Special Recognition and is Hereby Granted  
This Certificate of Award for Participation

Presented this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**

**Month**