

Dr. Jean Mosee Young Writers Contest

TEACHER VERIFICATION FORM

This Form Must Accompany Each Entry

| Student Name: | |
|---|----------------------------|
| Entry Type: Prose Poetry (check one) | |
| Title of Submission(s): | |
| I, (Teacher's name)represents work that I know this student is capable of creating. | verify that the submission |
| Teacher's Signature: | |
| Teacher's Email Address: | |
| School: | |
| Grade: | |