



Please confirm the following information regarding your Junior Achievement class. If anything is incorrect, please write the correct information in the space provided. If you have any questions, please let us know.

JA Program: _____

School: _____

Teacher: _____

Grade: _____

Students: _____

Volunteer: _____

Completion Date (on or before): _____

_____ **This Program Did Not Complete**

If not, why? _____

Signature: _____ **Date:** _____

Please return the completed form as soon as possible:

Mail:
Education Department
Junior Achievement of Eastern Iowa, Inc.
315 3rd Ave SE Suite 209
Cedar Rapids, IA 52401

Fax: (319) 862-1104

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