**Golden Apple Award**

**Nomination Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Teacher Nominee: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Nominator’s Name: | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
|  | | | | | (Parent’s Name if applicable) | | | | | | | | | |
|  | Parent & Student | | | |  | | | | | | | | | |
|  | Teacher | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| If an elementary student nominates a teacher, a parent must also sign the Nomination Form. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Nominated Before: | | Yes | |  | | | Year |  | | No | |  | | |
|  | | | | | | | | | | | | | | |
| Nominator’s Address: | | |  | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | |
| City | | |  | | | | | | State | |  | | Zip |  |
|  | | | | | | | | | | | | | | |
| Nominator’s Telephone Number | | | | | | (     )     - | | | | | | | | |
| In a letter of recommendation, explain why you feel this teacher deserves a *Golden Apple Award.*  Please give specific examples of the individual’s unique qualities and teaching ability. | | | | | | | | | | | | | | |

**Nominations must be submitted to the school principal by**

**January 31, 2025.**