**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.**