



GOLDEN  
APPLE  
A W A R D  
Diocese of Toledo

## GOLDEN APPLE AWARD 2020 NOMINATION FORM

Name of Teacher Nominee: \_\_\_\_\_

Teacher's School: \_\_\_\_\_ City: \_\_\_\_\_

Teacher's Email Address: \_\_\_\_\_ Please

indicate: ( ) Parent and Student ( ) Parent ( ) Teacher

(If an elementary student nominates a teacher, a parent must also sign the Nomination Form)

Nominator's Name: \_\_\_\_\_

Nominator's Email: \_\_\_\_\_

Nominator's Telephone Number: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_

Parent Signature (If student nominated): \_\_\_\_\_

In a letter of recommendation, explain why you think this teacher deserves a *Golden Apple Award*. Please give specific examples of the individual's unique qualities and teaching ability.

We appreciate your help in recognizing the **dedication to service, professionalism, and leadership** our teachers demonstrate every day in classrooms throughout the Diocese of Toledo.

The nominee must be a practicing Catholic and have at least 3 full years teaching in his/her current school.

Thank you for taking the time to nominate a Catholic teacher-minister that you feel is outstanding and deserving of this prestigious award.

**RETURN THIS FORM AND YOUR LETTER OF NOMINATION TO THE SCHOOL PRINCIPAL BY FEBRUARY 3, 2020. Thank you.**