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.