

# Excellence in Teaching Award Nomination Form

A New Generation of Achievers



Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you:  Parent  Student  Peer Teacher  Administrator  Other

Name of teacher nominated: \_\_\_\_\_

**School** and **Grade** or subject taught: \_\_\_\_\_

What makes this teacher outstanding? Give an example if you can. You might include things like: excellence in classroom instruction, excellence in interaction with students, excellence in interaction with parents. He/she must have been teaching at LEAST 3 full years.

---

---

---

---

---

---

If there is a particular event or experience that stands out which makes this teacher notable, describe it here:

---

---

---

---

---

---

If you need more space, please use the back. You may write a letter or an email and not use this form.

This form is due no later than June 15 to:

Moppy Brumby  
Tift County Foundation for Educational Excellence  
P. O. Box 714  
Tifton, GA 31793  
[moppy@friendlycity.net](mailto:moppy@friendlycity.net)