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| **Outstanding Family and Consumer Teacher of the Year Award****Nomination Form** |

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| Name of Nominee: |       |
| Home Address: |       |
|  | City: |       |  | State: |       |  | Zip Code: |       |
| Home Phone Number: |       | Office Phone Number: |       |
| AAFCS Membership Number: |       |  | Number of Years: |       |

Educational Background:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Degree |  | Institution |  | Date DegreeReceived (mm/yy) |  | Major |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |

Work Experience (current position first):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position |  | Employer |  | Dates |  | Duties |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
|       |  |       |  |       |  |       |
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| Name of School: |       |
| Position / Title: |       |  | Grade(s) Taught: |       |
| Title of Nominee’s Program: |       |
| Program Focus Area (check one): |  |
|  [ ]  Creative Dimensions / Alternative Program Designs |
|  [ ]  Career Development / Job Skill Training |
|  [ ]  Family Life / Personal and Social Development |
|  [ ]  Nutrition Education / Diet and Health |
|  [ ]  Consumer Issues / Family Finance |
|  [ ]  Other |       |
| Professional / Honorary Affiliations: |
| Was this program created by the nominee? [ ] Yes [ ] No |
| How long has the program been implemented by the nominee? |       |
| State the **major** thrust of the program and indicate the need it was designed to address. Highlight ways in which it is meeting that need. (Use only the space provided) |
|       |
| Nomination Offered By: |       |
| Position:  |       |
| Organization: |       |

Both the state Teacher of the Year Chair and the nominee must sign the nomination form.

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| Teacher of the Year Chair |  | Nominee |