Outstanding Family and Consumer Sciences Teacher of the Year Award
Nomination Form

Name of Nominee:_____

Home Address:_____
Street/P.O. Box City State Zip Code

Home/Cell Phone Number:_____ **Office Phone Number:**_____

AAFCS Membership Number:_____ **Number of Years:**_____

Educational Background:

Degree	Institution	Date Degree Received (mm/yy)	Major

Work Experience (Current Position First):

Position	Employer	Dates	Duties

Name of School:_____

Position/Title:_____ **Grade(s) Taught:**_____

Title of Nominee's Program:_____

Program Focus Area (Check One):

☐ Creative Dimensions/Alternative Program Designs
☐ Family Life/Personal and Social Development
☐ Consumer Issues/Family Finance
☐ Other:_____
☐ Career Development/Alternative Program Designs
☐ Nutrition Education/Diet and Health

Professional/Honorary Affiliations:

Was this program created by the nominee? _____Yes _____No

How long has the program been implemented by the nominee?_____

State the program's major thrust and the need it was designed to address. Highlights ways in which it is meeting that need. (Use only the space provided.):

Nominator Contact Information

Nomination Offered By:_____

Position:_____

Organization:_____

Contact Phone Number:_____

E-Mail Address:_____