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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:

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| Degree |  | Institution |  | Date Degree Received (mm/yy) |  | Major |
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Work Experience (current position first):

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| 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) | | | | | | | | | | | | |
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| 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 |