



# Top Teacher

## NOMINATION FORM COVER SHEET

(Active Teachers In Grades K-12 Only)

Teacher's Name \_\_\_\_\_ Teaching Grade \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_

The Last Day Students Attend School For The Year \_\_\_\_\_

### **FOR SCHOOL ADMINISTRATOR ONLY**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Title \_\_\_\_\_

Administrator's Email Address: \_\_\_\_\_

*IMPORTANT* - Please verify the teacher's name above as it should appear on the certificate. Thank you.

TEACHER'S NAME \_\_\_\_\_

This Cover Sheet **and** attached Nomination Form must be signed by  
The Principal, Assistant Principal or Headmaster for consideration.

Please mail this Cover Sheet and the completed Nomination Form to:

WTOG-TV Top Teacher  
P.O. Box 8086  
Savannah, GA 31412  
or  
Fax to: (912) 231-9109



# Top Teacher NOMINATION FORM



Name of Person Submitting Nomination \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email address if available \_\_\_\_\_

Relationship to Nominee (parent, student, co-worker, etc.) \_\_\_\_\_

Please use the space below tell us what makes your nominee a "Top Teacher".

For example:

How does your favorite teacher share a love of learning with students at your school? What civic and volunteer activities does your nominee participate in that make a difference for children in our community? How is your nominee a positive role model for today's youth?

(Attach additional page if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHOOL ADMINISTRATOR

Signature \_\_\_\_\_ Date \_\_\_\_\_