

ARCHDIOCESE OF WASHINGTON
CATHOLIC SCHOOLS OFFICE

GOLDEN APPLE AWARD
NOMINATION FORM

Name of Teacher
Nominee:

Nominator's Name:

(Parent's Name if applicable)

- Parent &
Student
 Teacher

If an elementary student nominates a teacher, a parent must also sign the Nomination Form.

Nominated Yes Year No
Before:

Nominator's
Address:

City _____ State _____ Zip _____

Nominator's Telephone () -
Number

In a letter of recommendation, explain why you feel this teacher deserves a *Golden Apple Award*. Please give specific examples of the individual's unique qualities and teaching ability.

**Nominations must be submitted to the school principal by
February 6, 2015.**

