The Silver Apple Award

A Teaching Award for Excellence

Nominee (teacher's name) _____

School _____ **Grade** _____

School Address _____

City _____ **Zip** _____ **Phone (_____)** _____

School District _____

Nominated by *(one student per application)* _____ **Age** ____

School _____ **Grade** ____

Home Address _____

City _____ **Zip** _____ **Phone (_____)** _____

Parent/Guardian _____ **Day Phone (_____)** _____

In 100 words or less, tell us "Why This Teacher Is Special."
(Illegible nominations will not be considered.)

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_____ _____

(Please print name and title of School Administrator) (Phone)

_____

Signature

Note: All entries must be signed by a school administrator, preferably the principal (not the teacher being nominated). Decision of the judges is final. Honorees will be announced on 3TV.

Sponsored by:

Please return to:
Silver Apple Award
5555 North 7th Avenue
Phoenix, Arizona 85013