



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Teacher Awards Program
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200
 (360) 725-6117 TTY (360) 664-3631

**2009 Washington State Teacher of the Year
 BACKGROUND INFORMATION**

NAME	HOME TELEPHONE NUMBER ()
HOME ADDRESS	WORK TELEPHONE NUMBER ()

SCHOOL AND PROFESSIONAL PROFILE

SCHOOL DISTRICT	NAME OF SCHOOL
DISTRICT ADDRESS	SCHOOL ADDRESS
SUPERINTENDENT	PRINCIPAL

Grade(s) taught: _____ Years in present position: _____ Total years of teaching experience: _____

Plan to continue in full-time teaching status? _____

Major subject(s), if any: _____

Colleges and universities attended, degrees and dates:

_____	_____
_____	_____

I hereby give my permission that any or all of the attached material may be shared with people interested in promoting the Washington and National Teacher of the Year Programs.

 SIGNATURE OF APPLICANT

 DATE

I acknowledge that the nominee submits this application with my approval and that if the nominee is selected as the 2009 National Teacher of the Year he or she will be released from classroom responsibilities during the year of recognition.

 SIGNATURE OF DISTRICT SUPERINTENDENT

 DATE

 SIGNATURE OF PRINCIPAL

 DATE

School Districts:

Please forward school district nominee application materials, including this form, to local ESD for regional candidate selection.

Educational Service Districts:

**Please forward regional candidate's application materials, including this form, to:
 Teacher Awards Program
 Office of Superintendent of Public Instruction
 PO Box 47200
 Olympia WA 98504-7200**