



NOMINATION FOR WAFCS TEACHER OF THE YEAR

Page One:

Nominee _____

Home Address _____

Home Phone _____ **E-mail** _____

Full Time Teacher at: _____

School Address _____

School Phone _____ **Fax** _____

Grades Taught _____ **(Must be K-12)**

AAFCS Membership # _____ **AAFCS Member for** _____ **years**
Nominee must be an AAFCS member continuously for the last three years

Title of Nominee's Program _____

Program Area of Focus _____

Was this program created by the Nominee? Yes _____ No _____

How long has this program been implemented by Nominee? _____

Person/Group Making Nomination: _____

For Further Information, Contact: _____

Address: _____

Phone: _____

Pages Two and Three:

Include a **one-** to **two-**page typed double-spaced program overview. Briefly state the primary focus of the program and identify the issues/areas it was designed to address. You may include some pictures. As in the national AAFCS nomination form, you may include enrollment data/program history, obstacles and challenges, your innovative approach, scope beyond the program, visibility and recognition and community impact. AAFCS guidelines and nomination form are available on their website: www.aafcs.org

Next Page, on a separate sheet of paper:

List Nominee's Professional Experience, including:

<u>Position</u>	<u>Employer</u>	<u>Dates</u>	<u>Function/Responsibility</u>
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Professional/Honorary Activities and Affiliations:

Organization /Years of Membership/Positions Held/ Honors Received /Dates

Final page:

Include at least one letter of recommendation.

For information, mentoring in completion of this application, contact:
Karen Bergh at 360 / 402 -3527 or berghkm@gmail.com

The completed application may be emailed to Karen or mailed to:
Karen Bergh
WAFCS Awards/Recognition Chair
434 100th Ave SE
Olympia, Wa 98501