CENTRAL STATES TROOPS-TO-TEACHERS
TEACHER OF THE YEAR AWARD NOMINATION FORM

Name of Nominee _____

Nominee SSN (for verification purposes) _____

School & School District _____
_____

Superintendent _____

Principal _____

Hire Date _____

Grade(s) & Subject(s) Taught (including coaching) _____
_____
_____

Required Attachments:

- Letter of Recommendation – cannot be from a family member
- Letter of Support – from a school official

Signatures: _____ _____
Superintendent Principal

Instructions:
Complete the nomination form and submit it along with the required attachments to the address or fax number below by **May 1 of the current school year.**

Department of Elementary & Secondary Education
Veterans Education and Training Section
ATTN: Nomination Committee
PO Box 480
Jefferson City, MO 65102-0480
Fax: 573-526-5710